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◆=====Bulletin=====◆

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

JULY 1918.

Vol. 8, No. 7.

*"Next to the duty of doing every-
thing possible for the soldiers at the
front, there could be, it seems to me,
no more patriotic duty than that of
protecting the children.*

—PRESIDENT WILSON.

Bulletin of the Health Dept., June, 1918

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE E. ADAMS,
Vital Statistics.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. T. THOMSON, M. D.,
Sanitation.

C. D. PARTRIDGE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

HEALTH DEPARTMENT GENERAL DIRECTORY

TELEPHONE CALLS.

The City Hall telephone number is Main 3715.

Do not ask merely, for the "Health Department"—get the proper person or division. If uncertain, tell the operator, briefly, what your call is about, or ask for the Chief Clerk.

The following offices are located on the sixth floor in the city hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.

Food Inspection Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:
Tuberculosis Division.

OFFICE HOURS.

General Office Hours, 8 A. M. to 12 M. 1:30 P. M. to 5 P. M. Saturday afternoons and Sundays, Closed.

Engagements with the Commissioner should be by appointment.

HEALTH DEPARTMENT FACTS YOU SHOULD KNOW

(Information about various divisions will be given in this space each month.)

CHILD WELFARE DIVISION.

Telephone, Main 3715.

Office Hours, 8 A. M. to 12 M. 1:30 P. M. to 5 P. M.

Saturday afternoons and Sundays, Closed.

The division handles matters relating to the physical welfare of children under two years of age and to the physical welfare of mothers and prospective mothers. Its nurses give instructions in the care of infants, but are "visiting nurses" only—they do not undertake bedside nursing or assist either during or after confinement except in an advisory way.

The division also arranges for the care of illegitimate children; supervises midwives; supervises day nurseries; supervises so-called Baby Farms; supervises Lying-in-Hospitals and Maternity Homes; conducts mothers' classes and conducts "Little Mothers'" classes for girls.

CHILD WELFARE STATIONS.

Weil St. School, Cor. Weil & Lee Sts.
Lincoln Home, 601—9th St.
Forest Home Ave., cor. 10th Ave.
3rd Ward Barracks, Detroit & Jackson Sts.

St. Casimir's School, cor. Bremen & Clarke Sts.
5th Ave., cor. Hayes Ave.
St. Mark's Church, 4th & Court Sts.

During the summer months, an Infants' Fresh Air Pavilion is operated at Waterworks Park.

Visiting Hours, 2 to 4 P. M.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

JULY, 1918

SUMMER VACATIONS.

By GEO. C. RUHLAND, M. D., Commissioner of Health.

This is the time of vacations and outings. A vacation, as that sage from East Aurora, the late Mr. Elbert Hubbard, once said, is a good thing because it will give the employer a chance to realize how valuable are the services of his employe, and in turn demonstrates to the employe that his employer's business really can get along without the employe's valuable assistance. The net result, therefore, is, or at least should be, a wholesome improvement in the mutual respect and appreciation between employer and employe.

Aside from these very desirable, though we fear likely somewhat remote ethical by-effects to a vacation, there are other intrinsic merits that make a vacation worth while. "All work and no play" notoriously makes for dullness, and dullness is bad for business as it is for social life. To get away from the routine grind of business, especially if this means getting to where there is a complete change of surroundings, is eminently a good thing. It clears the mind of cobwebs and helps to correct mental myopia that comes from too close and too long application to work. To get out and hold communion with nature,

to bask in the sunshine, to play, to be a child again, indeed is an excellent remedy and antidote against staleness as well as real physical and mental deterioration.

But even in taking a vacation it seems necessary that advice must be given in order that it may benefit as it should. As a nation we are notoriously enthusiasts and are apt to go to extremes, in business as well as in play. The vacationist frequently will plunge into his vacation and work harder at his vacation than he does at gaining his livelihood with the consequence that instead of finding the expected and necessary rest and recuperation, he will return to the city and to his work more spent and fatigued than he left it.

To exercise in the open, to walk, to roam through field, through forest, to swim in cool refreshing waters, are all excellent exercises. It is a mistake, however, to try to crowd into the space of two weeks all the muscular effort that should be spread over an entire year. Too many believe that having a good time for a vacation means playing the savage when they get into the open. They forget that for the savage the open

is the natural environment to which they cannot in two weeks become adapted. A bronzed skin and coat of tan are considered the proper evidence of having had a vacation. A healthy tan is entirely desirable; too many, however, gather merely a bad sunburn for the tan which they tried to acquire in a hurry.

The moral that we wish to point out is that for the vast majority a vacation will serve its purpose best if rest will be its chief aim. Rest—absolute rest—will prove of more real benefit than will a strenuous two weeks at playing the primitive man at high speed. Moderation in all things.

WHOOING-COUGH.

The Health Department desires at this time to call the attention of the public to the fact that the number of whooping-cough cases has gradually increased, so that there are at the present writing over three hundred active cases recorded.

Whooping-cough is a dangerous but avoidable disease of childhood. The younger the child the more severe the attack and therefore the more dangerous.

It is one of the few contagious diseases that is on the increase during the summer months. The reason for this increase, no doubt, is due to the fact that children with whooping-cough are permitted to be on the sidewalks and streets with other children, while during cold weather they are kept in the house.

When the family physician advises fresh air as a part of the treatment he assumes that you will avoid contact with other children. The patient should be kept under close supervision and not be permitted to leave the porch or yard. When two or more families have a yard in

common, the well children have the first right to the use of the yard and the children with whooping-cough must be kept away from them.

People who deliberately break quarantine or avoid quarantine by not having their cases reported and take their children, who have whooping-cough, on street cars, to church, to picture shows or other public places of amusement, are guilty of a serious offense by causing unnecessary sickness and in some instances, death.

The best way in which the public can assist in checking whooping-cough is by keeping children with a cough away from other children, whether this cough is whooping-cough or some other cough.

Where there is no question about the diagnosis, every case should be reported to the Health Department, and where parents neglect to properly isolate the patients, thereby jeopardizing the lives of other children, neighbors with the assistance of the that this criminal practice is stopped. Health Department, ought to see to it that this criminal practice is stopped.

Why call the fire-department when you see a little smoke in the basement and neglect to call a doctor when your child is burning up with a fever?

THE HYGIENE OF INFANCY.

By WALTER L. PYLE, A. M., M. D.

A normal infant should be strong, healthy, happy, and attractive. If it is not, the cause is commonly ignorance or carelessness. The care of babies is often left to prejudice and precedent, whereas it should be the application of common sense combined with a knowledge of the best scientific methods of rearing infants.

THE NURSERY.

The nursery should be of good size, bright, sunny, airy, above the first floor, dry, with preferably southern exposure, and with more than one window. For each occupant of the room there should be from 500 to 1,000 cc. of air space. Pure outdoor air at all times in abundance, but without draughts, is of supreme importance. If the baby can live or sleep out of doors, so much the better.

The windows should be thrown wide open once or twice a day; the bed-clothes, mattress, rubber cloth, and entire room thoroughly aired and sunned for at least two hours during the child's absence. All should be well warmed again before its return. The room and bed-clothes must be kept sweet and clean. For several hours twice a week the bed-clothes should be hung out of doors. The temperature of the room should be kept uniform—about 68°-70° F. A thermometer or two should be placed where there is a mean temperature—not too close to the windows nor too near the heating apparatus; nor should it be hung near the floor, since the air is cooler there.

The furnishings should be plain

and easily cleaned. Dust-catching draperies are undesirable. Wash materials should be used for curtains and screens. Painted floors and hardwood and rugs are preferable to carpet. Each day the room should be dusted with a damp cloth, and once a week the floor should be wiped and the rugs taken up.

The windows should have dark shades, for the baby is very susceptible to light. In summer, screens are necessary at the windows to keep out flies and mosquitoes, by means of which contagious diseases are often transmitted to the baby.

No cooking should be done in the room. No diapers or clothing should ever be dried in it. Soiled diapers and vessels containing bowel-movements or urine should be removed at once. No food or empty dishes or nursing bottles should be permitted to stand about. Tobacco-smoking should not be allowed.

The best bed for the baby is a brass or white enameled iron crib. It should be so placed that the light will not fall directly in the child's eyes, and not between windows or doors.

A tall screen is useful in cutting off light and draught. The mattress should be of hair, for feathers are too warm. If a pillow is used, it should be of hair. Babies accustomed to sleep on their stomachs have sometimes been suffocated by a feather pillow. Rubber sheeting or waterproof cloth should be stretched across the mattress and tucked in at the sides. Over this may be placed a

quilted pad. Then on top is placed a double undersheet. The sheets should be changed at least twice a week.

At night no artificial light should be kept burning in the sleeping-room. The burning of gas or kerosene quickly vitiates the atmosphere.

HOW MUCH SHALL WE EAT?

The body has often been compared to a blacksmith's forge, the lungs being the bellows and food the coal. The comparison is a good one, for food is actually burned in the body by the aid of the air we breathe.

All food is capable of being used as body-fuel and by far the greater part of it is so used. Consequently, food is measured in fuel-units, called calories. Many people eat too much, that is, too many calories; some eat too little, that is, too few calories. In both cases the person is usually unaware of the fact, because he makes the mistake of measuring his food by its weight or bulk. Some foods are concentrated, that is, contain many calories of food value in a given bulk; others are bulky, that is, contain few calories in a given bulk. For instance, olive oil is concentrated, and most vegetables are bulky. A third of an ounce of olive oil contains 100 calories, which is as much as is contained in a pound or more of tomatoes, lettuce, celery, cucumbers, string beans, asparagus, or watermelon.

It will help to give a picture of food values if, before going further, we note how much it takes of some of the common foods to make a given amount of food value, say 100 calories. It is surprising in how many cases the ordinary amount of food served at table happens to contain about 100 calories. We find 100 calo-

ries in a small lamb chop (weighing about an ounce); in a large egg (about 2 ounces); in a small side-dish of baked beans (about 3 ounces); in $1\frac{1}{2}$ cubic inches of cheese (about an ounce); in an ordinary side-dish of sweet corn (about $3\frac{1}{2}$ ounces); in one large-sized potato (if baked, about 3 ounces; if boiled, about 4 ounces); in an ordinary thick slice of bread (about $1\frac{1}{2}$ ounces); in three teaspoonfuls or $1\frac{1}{2}$ lumps of sugar (about 1 ounce).

The ordinary sedentary man needs about 2,500 calories per day. But the larger person (provided the bulk is due to muscle and active tissue and not to fat) or the more muscular the work he does, the more food he needs.

Generally the quantity of food should be slightly decreased in hot weather, when fewer calories are needed to sustain the heat of the body. In particular, less meat should be eaten in the summer, on account of what is called the "specific dynamic action of protein," that is, the special tendency of meats and like foods to produce immediate heat.

Each individual must decide for himself what is the right amount of food to eat. In general, that amount is right which will maintain the most favorable condition of weight. If the weight, endurance, and general feeling of well-being are maintained, one may assume that sufficient food is taken.—From "How to Live."

THE FAMILY HAZARD.

Given a good doctor and a sick man—just those two alone—and the latter is to be felicitated upon the situation. When there is introduced the complication of the anxious wife, the solicitous family, and the critical neighbor. Heaven help both doctor and patient, and all of us! Many an important life has been sacrificed upon the altar of extramedical solicitude, when with the same disease a poor devil without friends would recover. To harrow up the doctor's soul with the anxieties over his responsibility warps judgment, saps vitality, and introduces an extraneous element with which the doctor has no business to deal. His duty to every patient is the same; it is to give his best talent and skill. When the life of the Empress was in danger, Napoleon saw that the physician was embarrassed by his great responsibility. With his extraordinary knowledge of men and his faith in the conscientious skill of his physician, he said: "She is but a woman; forget that she is the Empress, and treat her as you would the wife of a citizen of

the Rue St. Denis." The physician simply did as he thought was best for his patient in peace of mind and confidence, and the Empress recovered.

The best results to both doctor and patient accrue if the former can concentrate his attention upon one thing—the proper treatment of the case before him. When he has to practice feints, and exercise his ingenuity to make his conduct and practice conform to the whims of by-standers; when the demand for concealments from some and collusions with others are thrust upon him; and when his nervous system is assaulted by alarms and solicitations, the interests of his patient are jeopardized and his own days shortened.

The wise physician does the best he can for all. The wise friends of patients spare him as much annoyance as possible, and aim to help rather than to hinder him in the work of his lofty calling and in the exercise of his best skill and judgment.—JAMES PETER WARBASSE, M. D.

WHAT YOU CAN DO ABOUT FLIES.

Destroy all breeding places.

Clean up and disinfect manure piles. Remove the manure piles at least once a week in the summer.

Keep garbage cans clean and covered—your neighbor's garbage can is your business.

Allow no decaying matter to accumulate about the yard.

See that the cesspools and privy

vaults are inaccessible to flies. Clean them out as often as necessary and disinfect.

Keep flies away from the sick, especially those ill with contagious diseases. Kill every fly that enters the sick room. His body is covered with disease germs.

Screen all windows and doors.

Screen all food. You do not know

where the fly that gets on the food has just been.

One uncovered garbage can or manure pile can develop more flies than a neighborhood can destroy.

If you have a fly breeding place near your home, you owe it to your family to have it abated.

If there is no dirt and filth there will be no flies.

THE CARE OF THE SKIN IN SUMMER.

By DR. LEOPOLD SCHILLER.

There are certain conditions of the skin which are liable to occur during the summer provided the necessary care is not exercised in the wearing of proper clothing, the frequent changing of clothing, washing and bathing. The tendency of dressing children too warmly is mostly responsible for this.

The most common condition met with during this time is prickly heat. Excessive sweating mostly due to too much clothing, which also is allowed to remain on the body without change causes an irritation of the skin leading to a formation of small red papules, which are quite annoying owing to the constant itching which accompanies them.

The remedy for prickly heat consists in keeping the skin as dry as possible. This can be done by discarding all unnecessary clothing, washing the body frequently with a weak borax or soda solution, about a teaspoonful of either in a quart of water, then dry the skin well and apply a dusting powder, such as the ordinary talcum powder. This must be done a number of times during the day.

Another condition frequently met with, especially in stout individuals, is Erythema Intertrigo, or chafing. This occurs on parts of the body that lie in close contact with each other,

and where there is friction. The perspiration and natural secretions are increased and form a favorable soil for the growth of bacteria, which are always present on the skin under normal conditions, but cause no trouble unless excessive heat and moisture are present. Redness, moisture, and burning and pain rather than itching are the symptoms. At times the inflammation gets more intense and leads to the formation of small blisters and pustules, giving the parts a very angry appearance. This is particularly often seen where children with urinary and bowel discharges are not kept clean and properly cared for. The treatment is similar to that for prickly heat. It is necessary that the parts which are subject to friction be kept separated by means of gauze or lint.

Sun-burn is a well known condition of the skin arising from prolonged and direct exposure to the sun's rays.

To prevent sunburn it is well to anoint the parts mostly exposed with a heavy ointment, such as zinc ointment. Alkaline lotions containing oxide of zinc when used frequently will also act as a preventative. The treatment consists in using alkaline lotions frequently during the day and a cold cream or zinc ointment at night.

FIRST AID TO THE INJURED.

Unfortunately each year brings its quota of summer accidents. The fool who rocks the boat, the inexperienced swimmer who ventures beyond his depth, and other causes add to the annual death toll from accidents. Frequently life could be saved if proper methods were promptly applied to resuscitate the victim. The following memorandum on artificial respiration taken from "PERSONAL HYGIENE" by Pyle, illustrating "Murray's" method are easily understood and can be readily carried out by a single person.

ARTIFICIAL RESPIRATION is the imitation, as nearly as possible, of natural breathing. We breathe from sixteen to eighteen times a minute; this number of chest movements must not be exceeded, or the lungs cannot expand to fill thoroughly with air nor contract to expel the air.

To produce artificial respiration in case of drowning or of suffocation, the patient's clothing is first removed and the body is quickly dried. The mouth, the throat, and the nose should be cleared, and the tongue be pulled forward to facilitate access of air to the windpipe; a roll, a pillow, a rolled-up coat, or a piece of wood should be placed under the shoulders. The arms near the elbows should now be grasped and be swept around horizontally, away from the body, until the hands meet over the head; this movement raises the ribs and expands the chest as in inspiration; the arms should then be brought down to the sides, the elbows meeting almost over the pit of the stomach; pressure is then made against the chest-wall,

producing contraction of the chest; the arms are to be held in the latter position a few seconds, and then the movements are repeated. From twelve to fifteen respirations will be sufficient. The mouth must be kept open and the tongue be held forward.

DROWNING.—In asphyxia or suffocation from drowning, if the person when taken from the water is breathing, he should be removed, if possible, to a near-by house and put into a hot bath, which will act as a stimulant; or heat may be applied directly over the heart and other vital organs, the head and shoulders be raised, stimulants given, and the body briskly rubbed. This can be done until the arrival of a physician. In all cases of **SUFFOCATION** the throat must be cleared, so that fresh air can reach the lungs.

FOR LIGHTNING-STROKE AND ELECTRICAL INJURIES the treatment is the same as that for shock and for burns. In case of **ELECTRIC SHOCK**, the electric current should be broken instantly. Free the patient from the current with a single quick motion, using any dry non-conductor, such as clothing, rope, or board, to move patient or wire. Beware of using any metal or moist material. Meantime have every effort made to shut off current. If the victim is not breathing, he should be given manual artificial respiration at once. If the patient is breathing slowly and regularly, do not give artificial respiration, but let Nature restore breathing unaided.

FAINTING.—The head of a person in a faint should be lowered and feet

raised, the blood being thus sent back to the brain. Plenty of air, the clothing loosened about the neck and chest, and a little cold water dashed over the face are usually sufficient to restore consciousness. A method often practised is to place the patient on a chair, and to push the head down between the knees, the hands hanging down at the side. The patient is kept in that position until the face becomes red, being then able to rise and walk about. This position restricts the abdomen and shuts off the blood-supply to the lower extremities, the blood going to the brain. Strong ammonia should not be held to the nostrils of an unconscious patient, as it is very irritating. The pulse should be watched, and, if consciousness does not soon return, heat should be applied and a physician be sent for. Little can be done for loss of consciousness from heart-failure beyond stimulating a flagging pulse until the arrival of medical assistance.

SUNSTROKE.—The symptoms of sunstroke are a temperature of from 105° to 112° F., sometimes higher, a flushed face, stertorous breathing,

and unconsciousness. The patient should be put into a cold bath and rubbed with ice. If at the seaside, he may be carried to the beach and put in the water; the head may be kept cold by bathing it or by the application of handkerchiefs wrung out of the water. If a cold bath is impossible, the patients may be doused with cold water from a hose-pipe or from pails, and cold cloths be kept on the head. The cold-water treatment must be continued until the temperature has fallen, after which the patient should be put to bed, and, if there is depression, be given stimulants moderately. Should the temperature begin to rise, the above treatment should be renewed.

HEAT-EXHAUSTION is caused by too long exposure to a very high temperature; the blood leaves the brain and the surface of the body and goes to the large blood-vessels of the abdomen. The symptoms are those of shock. The treatment is the same as that for shock; hot bath if possible, or heat applied to all parts of the body; stimulants of alcohol or strong coffee.

Eat Fresh Perishable Food Products.

This is the time of the year when every effort should be made to utilize fruits and vegetables grown near home. With the quantity of perishable foodstuffs put on the market by commercial gardeners, plus the crops of the war gardens and back-lot gardens, there is sure to be a large percentage of valuable food wasted, unless every effort is made to utilize it to the fullest extent throughout the garden season.

Consumers should not forget that the use of the short-lived foods liberates the more concentrated and staple foods for people in the remote sections of the country, and for our soldiers and our allies. This not only results in increasing the surplus which can be exported, but greatly relieves the transportation facilities of the country, which are over-taxed already.

Food distributors should make every effort to push perishable foods at this time and consumers should see that the season's fruits and vegetables find a ready place on their table.

It is neither patriotic nor good sense to use canned goods when fresh products are available.

MILWAUKEE COUNTY COUNCIL
OF DEFENSE.

ONE NON-ESSENTIAL INDUSTRY.

The question as to what constitutes a non-essential industry in war time cannot be answered offhand. The complexities of modern business are such as to make it extremely difficult to determine just what industries should be suspended under the stress of war conditions without inflicting a greater economic injury than is justified by the possible benefits that might accrue. There is one business, however, that those who have given the problem any study would have to admit should be largely dispensed with during the war—and might properly be largely dispensed with at all times—and that is the manufacture of nostrums. Every physician and every druggist knows that there is not a "patent medicine" on the market today whose place is not better filled by official products that are found on the shelves of every druggist in the country. Every physician and every druggist knows that the "patent medicine" maker aims, not to furnish drug products that can be obtained in no other form, but to duplicate in infinite variety, with secret mixtures, the non-secret preparations already on the druggists' shelves and, what is far worse, to

stimulate unnecessary self-drugging on the part of the public. It is true that, if the "patent medicine" industry were destroyed, druggists would for awhile suffer financial loss, not because they derive a large profit from "patent medicines," but because the public, being deprived of the lying scare-heads of "patent medicine" advertisements, would buy fewer drugs of every kind. Certainly, however, this loss to some thousands of druggists would be an immeasurable gain to some millions of people. The exploiters of a widely heralded nostrum have bragged in their advertisements of the number of earloads of their mischievous alcoholic mixture that they have shipped to certain points. Does even the intelligent layman believe that under present conditions there is any excuse for taking up valuable shipping space with such worthless, if not dangerous, trash? And this is but one of scores. If there is one industry in the United States whose suspension at the present time is justified on the grounds of public health, greater efficiency and avoidance of waste, it is the nostrum industry.

—A. M. A.

Don't forget that the only good fly is the dead fly. Swat every one.

PATENT MEDICINES

Our government has asked that we all make an effort to help save 100,000 babies this year.

The doctors and druggists of Milwaukee are ready to do their "bit" by taking care of rich and poor alike.

No parents are justified any longer to experiment on their children with patent medicines on account of not being able to pay for the services of a doctor and a druggist, as both of these professions are ready to give everything free to sick children who are unable to pay.

The patent medicine venders, no doubt, also wish to do their "bit" in this Child Welfare Campaign of the U. S. Government and for that reason are making a special appeal in the current newspaper advertisements. As an example we will reprint the following advertisement as found in one of our great daily newspapers:

"I have been using Doctor Caldwell's Syrup Pepsin for more than seven years. I believe it saved my little grand-daughter's life, as she had such terrible spasms, caused by the condition of her stomach, until we gave her Syrup Pepsin. Our family thinks there is no remedy like Dr. Caldwell's Syrup Pepsin for the stomach and bowels."

(From a letter to Dr. Caldwell, written by Mrs. C. F. Brown, 1012 Garfield Ave., Kansas City, Mo.)

According to the American Medical Journal, Dr. L. F. Kebler, Chief of

the Division of Drugs of the Bureau of Chemistry of the Department of Agriculture, classes Syrup Pepsin among "Products for which False or Fraudulent Claims are made."

The Journal closes its report on the patent medicine as follows:

"Taking the results of the Federal Chemists with those of the Association's laboratory, it seems that Caldwell's Syrup Pepsin is essentially a laxative of the senna type. The lack of any appreciable quantity of pepsin, as reported by the Federal authorities, would seem to indicate that the name would constitute misbranding under the Federal Food and Drugs Act."

The quickest and easiest way for our government to attempt to save the 100,000 babies of this year would be to contract with the Dr. Caldwell's Syrup Pepsin Company of Monticello, Ill., to do the work. The Children's Bureau of the U. S. Government, however, has decided that the safest and surest way is to depend upon its loyal citizens and doctors and not upon patent medicines to save 100,000 lives.

Patent medicines may not kill children, but they kill time and time lost when a child is sick, many times means a life lost.

If you must experiment with patent medicines, do so on yourself or your dog, but do not try it on your helpless children.

Bulletin of the Bureau of Vital Statistics.

GEORGE E. ADAMS, *Deputy Registrar.*

June, 1918.

Annual Death Rate per 1000.....	9.87	Population of U. S. Census.....	373,857
Annual Birth Rate per 1000.....	27.5	Population (Est.) 1917.....	445,000
Annual Death Rate, Males.....	4.8	Annual Death Rate, Females.....	5.
Annual Birth Rate, Males.....	13.2	Annual Birth Rate, Females.....	14.3
Death Rate less, Violence.....	9.1	Birth Rate less, Still Born.....	26.7

Deaths recorded	366	Births recorded	1021
Marriages	394		

BIRTHS.

SEX.		COLOR.		BY WARDS.	
Males.....	490	White.....	1015	First	26
Females.....	531	Colored.....	6	Second	34
REPORTED BY				Third	28
Physicians	787			Fourth	22
Midwives	197			Fifth	30
Others	17			Sixth	30
				Seventh	29
				Eighth	59
				Ninth	21
				Tenth	29
				Eleventh	54
				Twelfth	36
				Thirteenth	47
				Fourteenth	53
				Fifteenth	22
				Sixteenth	24
				Seventeenth	42
				Eighteenth	8
				Nineteenth	25
				Twentieth	59
				Twenty-first	51
				Twenty-second	35
				Twenty-third	33
				Twenty-fourth	36
				Twenty-fifth	34
				Hospitals	154
				Pairs of twins	13
				Triplets	—
				Illegitimate	25
				Still born	29

NATIVITY OF PARENTS.

	Both	Father	Mother
Milwaukee	101	40	72
Wisconsin	285	95	129
United States	50	40	70
Germany	40	45	36
Poland	45	15	2
Austria	45	14	7
Bohemia	1	—	—
Sweden	—	2	—
Italy	23	2	2
Roumania	2	—	1
England	4	3	2
Holland	—	4	1
Norway	2	2	2
Slavonia	6	—	—
Hungary	26	3	4
Russia	38	16	—
Canada	1	2	2
Greece	6	3	—
Unknown	—	10	1
Ocean	—	—	—
Elsewhere	10	10	5

MARRIAGES REGISTERED.

	Groom	Bride		Groom	Bride
Oldest	73	59	White	390	390
Youngest	20	16	Colored	4	4
Widowed	33	25	Others	—	—
Divorced	19	16	Total	394	394

NATIVITY.

	Both	Groom	Bride		Both	Groom	Bride
Milwaukee	27	9	18	England	—	4	4
Wisconsin	162	34	64	Holland	—	—	—
United States	18	42	27	Norway	1	—	—
Germany	8	24	13	Slavonia	—	—	1
Poland	2	7	—	Hungary	1	3	3
Austria	9	8	7	Russia	13	3	2
Bohemia	—	—	—	Canada	—	—	—
Sweden	—	2	2	Greece	4	—	—
Italy	2	—	1	Elsewhere	1	3	1
Roumania	1	—	—				

AGE.

	Groom	Bride
Under age	22	7
Under 21	120	226
25 to 35	179	113
35 to 45	52	34
45 to 55	11	9
55 to 65	7	5
65 to 75	3	—
Over 75	—	—

RESIDENCE.

	Groom	Bride
Outside State	19	9
Outside City	45	30
Married outside State.....	17	—

CEREMONY.

By Judges	32
By Justices	17
By Ministers	345

DEATH AND REPORTABLE DISEASE RECORDS.

Months.....	July	Aug.	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
Total Deaths.....	425	336	358	*384	395	386	402	411	504*	639	464	366
Annual Death Rate.....	11.58	9.1	9.76	10.47	10.77	10.52	10.84	11.08	13.59	14.53	12.51	9.87
Cases and Deaths.....	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Typhoid Fever.....	2	4	0	7	1	5	1	2	23	6	17	8
Measles.....	174	1	0	38	0	255	0	1	1377	10	1616	15
Scarlet Fever.....	102	4	12	153	0	188	3	1	162	1	132	5
Whooping Cough.....	145	3	90	3	140	3	9	9	176	5	91	86
Diphtheria.....	55	7	65	98	1	38	1	2	59	1	184	6
Influenza.....	0	0	8	0	55	5	9	3	14	3	33	23
Small Pox.....	0	0	0	0	0	0	0	0	0	0	0	0
Poliomyelitis.....	7	0	2	0	0	0	1	0	2	0	3	0
Tuberculosis Pulm.....	90	4	0	8	0	22	0	19	40	23	14	22
Cancer.....	26	85	78	75	2	68	86	71	91	172	116	98
Meningitis.....	5	2	2	7	4	4	6	6	13	5	0	26
Apoplexy.....	25	21	14	10	22	17	31	22	28	41	38	30
Org. Heart Disease.....	40	22	21	31	30	24	0	16	10	13	15	9
Bronchitis.....	4	4	7	7	11	5	0	36	25	24	20	24
Pneumonia.....	25	12	26	37	32	44	0	6	6	34	34	35
Diarrhoea—Under 2.....	6	19	35	20	22	17	0	51	12	17	18	6
Nephritis.....	35	27	12	17	28	28	0	27	20	19	13	5
Congenital Debility.....	36	22	20	21	21	29	0	25	24	36	19	22
Senility.....	7	4	3	7	6	3	0	34	26	8	9	3
Violence.....	43	52	34	31	44	31	0	33	24	29	23	3
Suicide.....	4	13	9	6	8	9	0	6	4	6	7	28
Homicide.....	2	1	3	1	17	0	0	3	5	1	2	1
Under 30 days.....	50	36	30	31	32	48	0	50	51	46	46	45
Bet. 30 days & 1 year.....	17	32	50	29	42	35	0	42	57	69	56	25
1 to 5 years.....	27	26	31	26	18	18	0	33	31	64	69	37
5 to 60 years.....	191	153	156	164	190	174	0	161	201	309	178	162
Over 60 years.....	140	89	91	124	112	111	0	116	125	146	132	97
Age at Death, all ages.....	39.2	34.5	34.9	45.6	38.5	37.8	0	39.2	36.1	34.7	34.4	34.6
Age at Death over 5 yrs.....	51.2	46.5	50.6	59.7	50.5	51.2	0	56.9	54.7	49.	50.1	50.1
Public Institutions.....	102	89	75	101	108	94	0	87	101	139	98	90

* Rabies 1 death. Anthrax 1 death. * Pallagra 1 death.

LAUGH WITH US—TO LAUGH IS HEALTHFUL; It Aids Digestion And Drives Dull Care Away.

THEN A DEEP SILENCE REIGNED.

Capt. Jinks was giving a dinner party and had arranged a nice little toast list in deference to the presence of Maj. Claquor, an able after-dinner speaker.

The latter was accompanied by his wife, a very deaf old lady, who was much attached to him. As the gallant officer was to respond to the toast of "The Babies," his wife, knowing his fondness for children, judged that it would suit him admirably.

At the last moment, however, the major's subject, unknown to his lady, was changed to "The Ladies." But it made no difference to the officer, and his sparkling speech delighted the company. As the echo of clapping hands died down the major's wife broke forth: "You don't know how fond the major is of them. I've seen him with two of them on his lap at once. Just teasing the life out of the poor things. Every chance he gets he's sure to have them in his arms, or romping with them; knowing his loving nature, they'll come to him when they won't go to anybody else."
—A. M. A.

FINAL BID AWAITED.

The centenarian was being eagerly interviewed by reporters, and was asked among other things, to what he attributed his long life and good health.

"Well," the old man replied slowly, "I'm not in a position to say at the moment. You see, I've been bargaining with two or three of them patent medicine concerns for a couple of weeks, but I ain't quite decided."

—Excerpt

SAFE THROUGH IT ALL.

An old darkey got up one meetin' and said:

"Bredders an' sisters—you knows an' I knows that I ain't been what I oughter been. I'se robbed hen-roosts an' stole hogs an' tol' lies an' got drunk an' slashed folks wi' ma razor, an' shot craps an' cuss'd an' swore; but I thank de Lord dere's one thing I ain't neber done—I ain't neber lost my religion."

FILLING THE BILL.

She—"I like a man of few words and many actions."

He—"You want my brother; he has St. Vitus' dance."—*Tiger*.

If you wish to keep cool this summer, eat little meat, sugar and fats, because these are all heat producing. Send them to the boys in France, so that they can make it hot for the kaiser and his gang.

Doctors are getting more scarce each day; you had better learn how to keep well.

Our country is now the wealthiest nation in the world; let us make it the healthiest.

CARE of the BABY

IN SUMMER.

The following rules should be observed:

Don't wean the baby in summer.

Keep flies away from the baby, its food, and belongings.

Keep everything away from its mouth but its food.

Keep the house, and especially the kitchen, screened, and burn all garbage at once.

Keep the baby on the shady side of the street.

Give it plenty of cool boiled water to drink.

Sponge it twice a day in addition to the bath.

The less clothing it wears the better.

Do not handle the baby much. Let it lie on the mattress in a cool place, but, preferably, keep it on the porch or in the yard or park.

If there is vomiting or diarrhea, stop all feeding for six hours, give it boiled water or cooled barley-water and 2 teaspoonsful of castor oil and an injection. If the symptoms are not easily checked, a physician should be summoned.

MILWAUKEE HEALTH DEPT.

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of the Milwaukee

Health Department

*Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.*

AUG.-SEPT. 1918.

Vol. 8, No. 8-9.

LET us not forget that the entire child goes to school — body, soul and mind. Any system of education which ignores one or the other of these factors, will be to the disadvantage of the child.

— ROSENAU.

Bulletin of the Health Dept., Aug.-Sept. 1918

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE E. ADAMS,
Vital Statistics.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. T. THOMSON, M. D.,
Sanitation.

C. D. PARTRIGDE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

HEALTH DEPARTMENT GENERAL DIRECTORY

TELEPHONE CALLS.

The City Hall telephone number is Main 3715.

Do not ask merely, for the "Health Department"—get the proper person or division. If uncertain, tell the operator, briefly, what your call is about, or ask for the Chief Clerk.

The following offices are located on the sixth floor in the city hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.

Food Inspection Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:
Tuberculosis Division.

OFFICE HOURS.

General Office Hours, 8 A. M. to 12 M. 1:30 P. M. to 5 P. M. Saturday afternoons and Sundays, Closed.

Engagements with the Commissioner should be by appointment.

HEALTH DEPARTMENT FACTS YOU SHOULD KNOW

(Information about various divisions will be given in this space each month.)

MEDICAL INSPECTION OF PAROCHIAL SCHOOLS.

Central Office—Sixth Floor, City Hall.

The Dental Clinic is located in room _____

The Health Department makes medical inspection of all parochial schools in the city. There are five physicians employed in this work. Five nurses are also employed, who visit the children in their schools and make visits at the homes. The medical inspectors give no treatment to children, but examine them to determine what defects exist and to advise

the parents concerning the correction of these defects. They also make physical examination of children attending parochial schools.

The Dental Clinic is open each week-day from 9:00 a. m. to 5:00 p. m., with the exception of Saturday, when it is open from 9:00 to 12:00. Free dental attention is given to children whose parents are not able to provide needed attention. Parents who desire this attention for their children should make application at the office in the City Hall. The dentist will not receive patients at the clinic who do not have an appointment card made out from the Central Office.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

AUG.-SEPT., 1918

Communicable Diseases and the Schools.

BY GEORGE C. RUHLAND, M. D., HEALTH COMMISSIONER.

Each fall the opening of schools is marked by an increase in the number of cases of communicable diseases.

While seasonal changes may be conceded as of some influence, the explanation for this appears mainly to be represented in two factors—the schools and the child.

The damaging influence upon the health of the child from poorly ventilated and overcrowded school rooms, badly adjusted seats and desks, long periods of study and worry over lessons, no one claiming any information on the subject will deny. Bad air, fatigue, and worry are all powerful factors in predisposing to, if not actually causing, communicable disease. One remedy, therefore, in reducing the number of cases of communicable disease among school children will be found in providing better ventilation, proper seating, shorter study periods, and a less overburdened curriculum.

The results obtained in the so-called "Open Air Schools" should prove rather convincing on this point. Not only are the pupils at these schools able to do all the work of the regular schools, but they do so with less effort, in less time, and with greater freedom from illness except for the one that—we are

tempted to say fortunately—has brought them to these schools. Why not, then, have all our schools transformed into open air schools?

The child is the other factor in the contagious disease problem among school children, and is by all means the most important factor. It brings the communicable disease to school, and is in turn the recipient of such communicable disease.

The child, however, is not to blame for this. Its parents, however, are very much to blame. Parents too frequently look upon schools in the light of nurseries—convenient places to which to send their obstreperous offspring while they devote themselves to their work or pleasure.

Parents are largely to blame for the spread of communicable diseases among children in that they permit a sick child to go to school. No child that is sick, no child with a "cold" should be sent to school or be permitted to play with other children. It is criminally wrong to the sick child as it is criminally unfair to other children. A child that is sick cannot profit by going to school, it only interferes with the work of the class, and may become the cause of serious illness to a great many of its fellows at school.

THE HYGIENE OF INFANCY.

From "Personal Hygiene"—Pyle.

BATHING.

Infants' toilet articles are best kept in the tray of a hamper-like basket, the lower part of which holds clothing. The following articles are needed: absorbent cotton for eyes and mouth, salicylated cotton for the wound, two soft wash-rags (made of cotton stockinet), pure soap in a celluloid or metal box, baby's soft hair-brush and fine comb, olive oil and vaselin, safety-pins of various sizes, blunt scissors, soft towels, an old soft blanket in which to wrap the child after the birth, a woolen shawl, one change of clothing.

Although the nurse washes the baby at first, the mother should know how it is done. The first bath is given before a fire, except in the summer, with the doors and windows closed and a screen placed around the tub to prevent draughts. The nurse sits in a low chair beside the tub, wearing a flannel apron over a rubber one, with the baby's basket and hot and cold water at hand. The baby, wrapped in the old blanket, is first rubbed all over with olive oil. It is covered up again and laid on its back. Next its face is washed with warm water and cleansed with absorbent cotton wet with boric-acid solution. The mouth is cleansed with absorbent cotton wound around the nurse's finger.

Then the water for the bath is procured and the temperature ascertained by a bath-thermometer encased in wood. This should be about

100° F. After the baby's body is washed with soap and water by means of the other wash-cloth, it is placed in the tub for a minute or two, covered up to the neck, the head and back being supported by the nurse. Then the baby is laid on the nurse's lap and patted dry with the soft towels, while lying first on the back and then on the stomach.

Subsequent baths are similar to the first, except for the omission of the olive oil. After six months the temperature should be 95° F. for winter and 80° F. for summer. The duration is lengthened from one to two minutes to five minutes. Many physicians, however, advise no tub-bathing, but merely sponging, prior to the falling off of the cord.

The bath-tub may be a large basin or foot-tub of metal or porcelain. A convenient form rests on slats on the ordinary bath-tub, and is filled by a hose connected with the faucets. Better still is the folding rubber tub, which may be a substitute for a bed also. A piece of oil-cloth or rubber sheeting should be placed under the tub. A china basin with one compartment for cold water and another for hot is useful.

In order to accustom the baby to immersion without fear, in water—so valuable not only for cleanliness, but also in case of fever or heat-exhaustion—it is necessary to begin very early in life and to be careful always to lift the baby into the bath slowly and gently, supporting the

head with one hand, so as to keep it above the water. It is well to place a towel in the bottom of the tub to prevent slipping. Fear that has been aroused in any way may be dispelled by letting the child play on this towel or blanket in the empty tub, and then adding the water in gradually increasing amounts from day to day. Another plan is to cover the tub with a blanket, upon which the baby is then laid, both being lowered into the water.

The soap used on the baby must be pure and unirritating. None is better than Castile of a reliable brand and positively made of olive oil. A special cloth should be kept for use only on the baby's face, and another for the remainder of the body. These cloths should be washed, dried, and aired thoroughly before using again. The water should be soft. If only hard water is available, boiling will improve it, though rain water is preferable. If the water is not clear, it must be filtered by a flannel bag tied over the faucet. This bag must be changed every day.

The head and face should always be wet before the rest of the body. When the baby can sit alone, the water need only be as high as the armpits. In hot weather, several cool baths may be given daily. The towels for drying should be of the softest material. After drying it is well to apply friction in the form of brisk rubbing with the palm of the hand. If the baby is delicate, an alcohol, warm whisky, or olive oil rub is advisable.

After drying pure talcum powder may be applied to the folds and creases of the skin, as in the armpits and groins. If these are too dry, cold cream is of service.

The mouth should be washed daily, after the bath and after each feeding, by the mother's finger, wrapped with absorbent cotton, or a soft cloth wet in water in which a little borax has been dissolved. When the baby acquires teeth, they should be rubbed with a moist cloth night and morning.

The head should be gently soaped and washed and dried at the time of the daily bath. After six months soap is used less frequently, but water daily. The occasional application of vaselin is of value. The hair should be brushed only, the comb being used merely for parting it.

Regularity of the bath is of paramount importance. The baby should be bathed at the same hour every day, and before nursing, or at least one hour after. The best time is about 9 or 10 o'clock in the morning.

In addition to the daily bath, the lower parts of the body must be cleansed with warm water after each movement and thoroughly dried and powdered to prevent chafing. Frequently it is advisable to give the whole body an evening sponging also.

Finger-nails and toe-nails should be carefully trimmed with scissors. the toe-nails should be cut with straight and not rounded corners to prevent ingrowing of the nails.

To breathe is to live. Learn to breathe properly so that you may live properly.

THE PREVAILING DISEASE OF TO-DAY.

By JOHN P. KOEHLER, M. D., Deputy Commissioner.

Everyone knows that the physician treats many cases of tuberculosis, cancer, measles, pneumonia, gastro-intestinal disturbances and venereal diseases, every year of his active practice, but very few people realize that there is a disease which drives more people to the doctor every year than all of the above mentioned diseases combined.

While every effort is made to discover the cause in other diseases, nothing is done by either laymen or doctors to eradicate a disease that may not have a high mortality rate, but certainly causes enough suffering to the patient and his family to warrant some one going "Over the Top" for him. The disease I refer to is called hypochondriasis, so called because originally it was thought that the seat of the trouble was just below the breast-bone, which space is called hypochondria.

The condition according to dictionaries is a mental disorder, characterized by morbid anxiety as to the patient's health, often associated with stimulation of diseases and frequently developing into melancholia. Some of our definitions would be about as follows:

Looking for trouble, where there isn't any.

Crossing bridges before you come to them.

Looking for a disease because you think you have a symptom.

Making your own diagnosis on a limited knowledge of disease.

The causes of hypochondriasis are many.

Pampered children are asked so many times by indulgent parents, whether they have a stomachache, toothache, earache, headache, etc., that many children really believe they have an ache when they are physically alright.

The young medical student suddenly becomes frightened when reading the symptoms of certain diseases and rushes to the drug store for self medication or to his teacher who eases his mind by telling him that his disease is an imaginary one.

The young man reads Dr. Quack's advertisement and is convinced that he has every disease enumerated by this human parasite under the heading of "Lost Manhood."

The mother feels a little tired after a hard day's work and consults the family medical book for relief. She soon learns that fatigue is a symptom of heart trouble, kidney trouble, tuberculosis and many other diseases. She recalls however that at times she has backache, so her diagnosis is kidney trouble. For fear that the doctor will scare her more than ever by verifying her diagnosis, she decides to go to the drugstore and ask for some "good kidney pills."

We could name many concrete examples from experience to show how "little knowledge is a dangerous thing," in the field of medicine, especially if the reader of family medical books and patent medicine advertise-

ments happens to be of a nervous temperament.

We find that hypochondriasis and neurasthenia or nervous exhaustion are usually congenial bed fellows. People with hypochondriasis usually worry about their imaginary diseases, until they are nervous wrecks and neurasthenics worry about everything and especially their health.

If people when first worried about their health would consult their family physician immediately a great deal of suffering might be avoided. As a rule when these patients come to the physician, they are so certain that their malady is a real one that when they are told that there is nothing wrong with them, they decide that the doctor doesn't know anything and drift from one doctor

to another until they finally meet some unscrupulous practitioner, who agrees with the patient's diagnosis and promises to cure them at the rate of \$2.00 a treatment, which really means either a mistreatment or a camouflage.

If the patient has enough confidence and money he may get relief; if either one is lacking he is apt to discontinue treatment, give up his search for health, and become melancholic and sometimes mentally unbalanced.

If you think there is something wrong with you, consult your doctor and if he tells you that you are all right, accept his diagnosis and don't feel that he doesn't understand your case, for he does, only too well.

Eighty per cent of communicable disease is spread by way of mouth. Teach your child to keep its finger out of the mouth, and keep them clean.

TO PREVENT WINTER COLDS.

Now is the time to prepare against winter colds. A simple yet very effective means for protecting against these colds will be found in systematically bathing the chest and feet in cold water each morning, followed by a brisk rub with the towel.

For the application of the cold water the shower is best. Lacking these facilities, however, a towel wrung out of cold water will do very well. The application should not be

too prolonged—not over two to three minutes. It would also be well to begin with tepid water and gradually use colder water.

The practice, if followed daily, will not only prove of value in personal body cleanliness, but will go a long ways in protecting the individual against so-called "colds" induced by sudden chilling of the body, by getting the skin surfaces accustomed to sudden variations in temperature.

BODY WEIGHT AND LENGTH OF LIFE.

From "How to Live."

Life insurance experience has clearly shown that weight, especially in relation to age, is an important factor in influencing longevity.

Except in the earlier ages of life, overweight (reckoned relatively to the average for that age) is a more unfavorable condition, in its influence on longevity, than underweight.

The question of whether an individual is really underweight or overweight can not be determined solely by the life insurance tables. Some types who are of average weight according to the table, may be either underweight or overweight when considered with regard to their framework and general physical structure. Nevertheless, it should be remembered that notwithstanding the effort of life insurance companies to carefully select the favorable types of overweight and underweight, the mortality experience on youthful underweights has been unfavorable, and the mortality experience on middle aged and elderly overweights has been decidedly unfavorable. The lowest mortality is found among those who average, as a group, a few pounds over the average weight before age 35, and a few pounds under the average weight after age 35. That is, after the age

of 35, overweight is associated with an increasingly high death rate, and at middle life it becomes a real menace to health, either by reason of its mere presence as a physical handicap or because of the faulty living habits that are often responsible for its development.

If there is a family tendency to overweight, one should begin early to form habits that will check this tendency. If considerable overweight is already present, caution is necessary in bringing about a reduction. Barring actual disease, this can usually be done without drugs if the person will be persevering and faithful to a certain regime.

Constant vigilance is necessary, yet it is worth while when one considers the inconvenience as well as the menace of obesity.

After the age of 35, 15 to 20 pounds over the average weight should prompt one to take careful measures for reducing weight. Habits should be formed that will keep the weight down automatically, instead of relying upon intermittent attempts that are more than likely to fail. No matter how well one feels, one should take steps to keep out of the class that life insurance companies have found to be undesirable as risks.

HAY FEVER.

Hay fever, although occurring also in the early part of summer, especially during the month of June while roses are in bloom and, therefore, popularly referred to as "rose cold", is essentially, however, prevalent during the fall of the year, that is during the months of August and September and, occasionally even later in the season until, in fact, the advent of cold weather.

It has now been quite definitely determined that the specific exciting cause for the disease is found in the pollen of certain grasses and weeds, notably that of rag weed and golden rod. In all instances, however, a neurotic element is a strongly predisposing factor. Occasionally the condition is a pure neurosis, that is without any specific exciting cause. Symptoms will appear that are identical with those of the usual hay fever. These cases will occasionally exhibit striking similarity in the periodicity of the attack; on precisely the same day and almost precisely the same time of the day will the attack make its appearance, and will cease almost as promptly as it made its beginning. In these cases auto-suggestion undoubtedly plays a very strong part.

The age period beginning with early adult life and reaching well into middle age seems the most vulnerable period for the development of the disease, although well authenticated cases are known to develop at other age periods. Men are said to be more frequently victims of hay fever than women, and individuals of a nervous temperament furnish the largest percentage of cases.

The disease usually begins with a feeling of more or less malaise, a slight elevation of temperature and frequent attacks of sneezing. Soon headache makes its appearance, the eyes are suffused, and the nose becomes blocked. Ofttimes there is also a sense of itching quite persistent and distressing which is generally attributed to the region of the soft palate and the nose, or both; there is a watery secretion from the nasal membranes, which is very irritating, and after the lapse of a few days causes more or less excoriation of the nose and upper lip.

In the severer attacks the headache may be so severe that patients are unable to pursue their occupation. The throat may become involved leading to hoarseness and difficulty in swallowing. The appetite usually also becomes very much impaired so that there is a considerable loss of flesh and marked weakness before the attack is over. Fortunately this symptomatology usually does not continue at the same degree of intensity, a considerable fluctuation during the day may be observed in the local and general symptoms. Altogether, however, hay fever must be looked upon as a disease which is capable of quite seriously prostrating its victim.

Among the by-effects which may complicate hay fever, involvement of the accessory chambers of the nose must be considered. When these are invaded by the inflammatory process, surgical interference may become necessary. The ears may also become involved, leading to tempo-

rary or permanent injury of these organs.

The treatment of hay fever calls for both local as well as general measures. Local measures are entirely palliative and should be absolutely under the supervision of a competent nose and throat specialist. The use of may hay fever remedies that are offered in the market is, to say the least, extremely hazardous and may lead to the establishment of drug habits.

Among the general measures to be taken, building up of the physical strength of the patient seems quite essential. As stated, the condition develops most frequently in individuals who are subjected to continued nervous strains. This obviously suggests rest periods. In many instances a change of location has been found to afford quick and certain relief. It appears that hay fever is more

prevalent in northern latitudes, especially in low, flat countries bordering on large bodies of water. A change from such localities to a higher and drier climate frequently is associated with prompt and striking cessation of all symptoms.

To these measures the use of vaccine has been more recently added with striking success. By the use of vaccine the susceptible individual may be greatly immunized against the effect of the various pollens that appear to be the exciting cause. Such treatment should be under the supervision of a competent specialist, not only because the administration of the treatment requires a skilled technician, but also because the symptomatology of hay fever may be due to other causes, which can only be determined by the experienced physician.

DEEP BREATHING.

Ordinarily breathing should be unconscious, but every day deep breathing exercises should be employed. "A hundred deep breaths a day" is one physician's recipe for avoiding tuberculosis. A Russian author, who suffered a nervous breakdown, found—after trying many other aids to health without success—that a retired life for several months in the mountains in which simple deep-breathing exercises practiced systematically every day formed the central theme, effected a permanent cure. Deep breathing is a great resource for people who are shut in most of the day. If they will seize

the chance, whenever it offers, to step out-of-doors and take a dozen deep breaths, they can partly compensate for the evils of indoor living.

In ordinary breathing only about 10 per cent of the lung contents is changed at each breath. In deep breathing a much larger percentage is changed, the whole lung is forced into action, the liver and abdominal circulation is promoted, and any stagnant blood in these regions is set in circulation and oxygenated. The blood-pressure is also favorably influenced, especially where increased pressure is due to nervous or emotional causes.

Breathing exercises should be deep, slow, rhythmic, and through the nose, not through the mouth. A certain Oriental deep-breathing exercise is particularly valuable to insure slowness and evenness of the breath. It consists of pressing a finger on the side of the nose, so as to close one nostril, breathing in through the other nostril, breathing out of the first nostril in the same manner and then reversing the process. Attention to the slight sound of the air, as it passes through the nose, enables one to know whether the breathing is regular or is slightly irregular. Such breathing exercises can be taken at the rate of three breaths per minute, and the rate gradually reduced until it is only two or even less per minute.

Muscular exercises stimulate deep breathing, and, in general, the two should go together. But deep breath-

ing by itself it also beneficial, if very slow. Forced rapid breathing is comparatively valueless, and indeed may be positively harmful. Oxygen is absorbed only according to the demand for it in the body and not according to the supply.

Singing requires deep breathing, and is for that and other reasons an excellent hygienic practice.

The mode of our breathing is closely related to our mental condition; either influences the other. Agitation makes us catch our breath, and sadness makes us sigh. Conversely, slow, even breathing calms mental agitation. It is not without reason that, in the East, breathing exercises are used as a means of cultivating mental poise and as an aid to religious life.

—From: HOW TO LIVE.

FIRST AID TO THE INJURED.

Epileptic Convulsions.—A person seized with an epileptic fit should be placed in a safe position on the ground or floor, with the clothes loosened and a pillow or cushion placed under the head; he should be left so until the fit is over. Something should be placed between the teeth, to prevent the tongue being bitten.

Convulsions in children may be due to indigestion, pinworms, etc., or to brain excitement in rickets or to irritation of the nerve centers in teething. A great number of the disease of children are ushered in with convulsions, which take the

place of the initial chill in the adult. They may come on suddenly or gradually.

The child should be put into a hot bath (at a temperature of from 100° to 140° F.), without waiting to undress it, which can be done in the water. The head should be kept raised and cold applied to it. The hot-water bath will dilate the blood vessels of the body, thus diverting the blood from the brain to the body. If the attack is the beginning of any of the eruptive diseases, the heat will also bring out the rash, besides relieving any pain in the abdomen or elsewhere. The child is to be kept

in the bath about five minutes, and is then taken out and wrapped in a warm blanket; an enema is given to clear the bowels. A physician should be summoned at once.

POISONING.

Precautions in the Household Use of Poisons. — Accidental poisoning often arise from the administration of medicines from the wrong bottle. It is of great importance that all bottles in the house containing liniments, washes, disinfectants, etc., that are likely to be poisonous when taken internally, should be kept in dark-glass bottles and prominently labeled, and, in addition, marked "for external use only," "poison," or some other warning inscription, so that no member of the household may use them internally by mistake.

The First Treatment in all cases of poisoning, except those caused by very corrosive substances, such as strong acids and alkalis, is evacuation of the stomach contents. This may be accomplished by emetics, the stomach-pump, or siphon-tube. Be-

fore the arrival of medical aid there may be administered a large tablespoonful of mustard in a tumbler of warm water, or a solution of table-salt and warm water, not over one-half pint at a time, to avoid paralytic distention of the stomach-walls. These are very efficient household emetics, and may be assisted by tickling of the throat with either the finger or a feather. After vomiting, the patient should drink large amounts of milk or water, and the bowels should be emptied as soon as possible. Ordinarily, any vomited matter should be preserved for the physician's inspection.

If there are symptoms of collapse, such as weakness of pulse, feeble breathing, coldness of the body, insensibility, etc., the patient should be given stimulants, such as aromatic spirits of ammonia, strong hot coffee, strong hot beef-tea, brandy, or inhalations of smelling salts, ammonia, etc. He should be placed on his back, and be surrounded with hot-water bottles and covered with blankets. Artificial respiration should be instituted if the breathing is very feeble or has entirely ceased.

MEAT AND HABIT.

The flavor of meat is such that it lends itself to the easy preparation of a palatable meal, but this flavor could undoubtedly be as well obtained if the present consumption of meat were cut in two. It is a ques-

tion of habit; but with the present reduced supply of meat one must adopt new habits. It would be highly desirable if the grain now fed to fatten beef were given to maintain herds of milch cows.—Lusk, Food in War Time.

FOOD WILL WIN THE WAR!

— HOOVER.

PATENT MEDICINES

LYDIA PINKHAM'S VEGETABLE COMPOUND.

In his Great American Fraud series, Mr. Samuel Hopkins Adams discussed the Lydia Pinkham concern in Collier's, Feb. 17, 1916, as follows:

"No little stress is laid on 'personal advice' by the patent medicine companies. This may be, according to the statements of the firm, from their physician or from some special expert. As a matter of fact, it is almost invariably furnished by a \$10-a-week typewriter, following out one of a number of 'form' letters prepared in bulk for the 'personal inquiry' dupes. Such is the Lydia E. Pinkham method. The Pinkham Company writes me that it is entirely innocent of any intent to deceive people into believing that Lydia E. Pinkham is still alive and that it has published in several cases statements regarding her demise. It is true that a number of years ago a newspaper forced the Pinkham concern into a defensive admission of Lydia E. Pinkham's death, but since then the main purpose of the Pinkham advertising has been to befool the feminine public into believing that their letters go to a woman—who died nearly twenty years ago of one of the diseases, it is said, which her remedy claims to cure.

"True, the newspaper appeal is always 'Write to Mrs. Pinkham,' and this is technically a saving clause, as there is a Mrs. Pinkham, widow of the son of Lydia E. Pinkham. What sense of shame she might be sup-

posed to suffer in the perpetration of an obvious and public fraud is presumably salved by the large profits of the business. The great majority of the gulls who 'write to Mrs. Pinkham' suppose themselves to be addressing Lydia E. Pinkham, and their letters are not even answered by the present proprietor of the name, but by a corps of hurried clerks and typewriters."

Earlier in the series, Mr. Adams had said: "Lydia Pinkham's variety of drink depends for its popularity chiefly on its alcohol."

Before the Food and Drug Act Lydia Pinkham's Vegetable Compound was labeled "A Sure Cure for Falling of the Womb and all Female Weakness." After the passage of the act the "sure cure" claim was eliminated and the enlightening information appeared, "Contains 18 per cent of alcohol."

A year or two ago the chemists of the British Medical Association analyzed this nostrum and reported:

"Analysis showed it to contain 19.3 per cent by volume of alcohol, and only 0.6 per cent of solid substances; the ash was 0.06 per cent, and consisted of the constituents usual in vegetable preparations; traces of tannin and ammonia were present, and a small quantity of reducing sugar; no alkaloid was present, and no evidence was obtained of any active principle except a trace of a bitter substance soluble in ether; the remainder (0.3 or 0.4 per cent) was vegetable extractive, possessing no distinctive characters."

LAUGH WITH US—TO LAUGH IS HEALTHFUL; It Aids Digestion And Drives Dull Care Away.

ABSOLUTELY ILLOGICAL.

"I don't see any sense in doctors being sick," said little Elizabeth, "'cause they're right around with themselves all the time."

CONSERVING THE SUPPLY.

"How much cider did you make this year?" inquired Puttey of his neighbor, Savall.

"Fifteen bar'ls," was the answer.

Farmer Puttey took another sip.

"It's a pity," he said, "that you hadn't another apple. You might have made another bar'l."—Youth's Companion.

NO CAUSE FOR ALARM.

A well-known family physician in a Southern city in ante-bellums days had for his coachman an old darkey who, by reason of his position as doctor's assistant, was regarded as an authority on the health of the community.

One day while waiting for his master he was accosted by a passer-by who inquired who was dead in the adjoining block. The old darkey straightened up, gazed intently in the direction indicated, then, breaking into a broad smile, replied:

"I don't know, sah; dat's none of our killin'."—Harpers.

OUTSTANDING.

"Poor Jones! In know of several doctors who have given him up with in the past few years."

"Well, well! And he looks so healthy; what's the matter with him?"

"He won't pay his bills."—Ex.

HIS RELIGIOUS PREFERENCE.

Counihan, at the front, suffered from shell shock. Like others, he began to believe himself in personal touch with Heaven. He wrote a letter:

"Dear Lord, send me one hundred dollars."

It was decided to humor him so a check for fifty dollars was sent to him on Y. M. C. A. stationery. Then he sat down and wrote another letter:

"Dear Lord, I thank you for sending me the money, but next time send it through the Knights of Columbus. The Y. M. C. A. held out fifty dollars on me."

HOW COULD HE?

Two Irishmen in Maryland decided that they would enjoy a bit of sport on the occasion of the "opening of the reed-bird season." They were provided with tremendous gamebags, and, as it was their first experience, they were very enthusiastic.

Suddenly Callahin spotted a bird, and, taking very careful aim, prepared to fire the fatal shot. But Casey seized him by the arm, crying frantically:

"Don't fire, Callahan, don't fire! Ye've forgotten to load your gun!"

POPULAR WITH THE YANKS.

Question—Why is a slacker like a lemon meringue pie?

Answer—Because he's yellow all the way through and hasn't crust enough to go Over the Top.

COMMENT ON CURRENT TOPICS.

Owing to insufficient funds, the bulletin will be published by combining several issues into one.

* * *

A special course of lectures on First Aid and Home Care of the Sick, on Child Welfare, on Contagious Diseases and how to avoid them, will be given by the Health Department during the coming fall and winter. The stations where these lectures will be given will be announced later. Admission to the lectures will be free.

* * *

Do not forget that this is Children's Year, and that Milwaukee must save at least 600 babies. You can do your share by bringing to the attention of the Health Department all families having children in need of medical care and attention or milk. All information received in this connection will be strictly confidential.

Call: Health Dept. Child Welfare Division, Broadway 3715.

School Day Don'ts

DON'T send a sick child to school.

DON'T forget that a healthy mind can thrive only in a healthy body.

DON'T forget that *Plenty of Fresh Air, Plenty of Nourishing Food* and *Plenty of Sleep* are very necessary for the child that goes to school.

DON'T forget to give prompt attention to the child with "a cold," sore throat, earache, bad tooth, weak eyes or headache.

MILWAUKEE HEALTH DEPT.

Broadway 3715.

City Hall.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE E. ADAMS,
Vital Statistics.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. T. THOMSON, M. D.,
Sanitation.

C. D. PARTRIDGE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

MISS MAXINE BIEBESHEIMER, Supervisor of Nurses.

HEALTH DEPARTMENT GENERAL DIRECTORY

TELEPHONE CALLS.

The City Hall telephone number is Main 3715.

Do not ask merely, for the "Health Department"—get the proper person or division. If uncertain, tell the operator, briefly, what your call is about, or ask for the Chief Clerk.

The following offices are located on the sixth floor in the city hall:

Executive or General Offices.

Child Welfare Division.

Vital Statistics Division.

Sanitary Inspection Division.

Food Inspection Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:
Tuberculosis Division.

OFFICE HOURS.

General Office Hours, 8 A. M. to 12 M. 1:30 P. M. to 5 P. M. Saturday afternoons and Sundays, Closed.

Engagements with the Commissioner should be by appointment.

ORDINANCES YOU SHOULD KNOW.

SPITTING ON WALKS AND IN BUILDINGS:

Gen. Ord. 1906. Chap 15,

Sec. 33 and 34.

No person shall spit, expectorate or deposit any sputum, spittle, phlegm, tobacco juice or wads of tobacco upon the floor or stairway or any part of any theater, public hall or building, or upon the floor or any part of any railroad car or street car, or any other public conveyance in the city, or

upon any sidewalk abutting on any public street, alley or lane; and it is hereby made the duty of the owner or agent of every theater, public hall or building in said city to provide every such theater, public hall or building with a sufficient number of spittoons or cuspidors.

Penalty—Not less than (\$1.00) nor more than (\$5.00) and costs, and in default of payment, House of Correction for not more than five days.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

FEB. 1919

WASTED EFFORT.

By GEO. C. RUHLAND, M. D., Commissioner of Health.

It is a comforting fact that in practically every emergency willing hands are found to help out.

The war and the recent influenza-pneumonia epidemic abound in instances where private initiative has furnished funds and helpers for work for which governmental agencies, overwhelmed by sudden demands or handicapped by red tape, found themselves unable to act promptly and effectively.

The services rendered by these volunteer relief organizations, therefore, must be acknowledged as of the greatest benefit to the country and as on par with the best service of those whose activities were placed in the more heroic settings of the first line trenches.

It was, of course, to be expected that under circumstances which demanded immediate action, considerable duplication of effort resulted.

Now that the crisis has happily passed and time for deliberate planning is available, care must be taken to make every effort count.

The country has shouldered heavy tax burdens; to offset this, so far as

possible, work must be so planned that every dollar goes to where it does most good.

Before volunteer agencies approach private charity for contributions it should be well ascertained if agencies established and supported by public taxation cannot be made to carry the responsibility.

It will always remain the prerogative of private enterprise to try out the new; but when the experiment has been made and its value as a public need has been proved, then should such service be made a public responsibility.

Too often private enterprise is loath to give up its activity even when public agencies have taken up the work. That means an unfair burden upon charity.

There is need for more definite organization and co-ordination of the work of the numerous relief agencies that have come into existence in this country.

There is too much duplication of effort at present, and duplication means waste of effort.

Money spent for patent medicines is worse than wasted.

INFLUENCES OF HEREDITY, EDUCATION AND ENVIRONMENT ON THE NERVOUS SYSTEM.

By J. W. COURTNEY, M. D.

At the present day we frequently hear the term "born degenerate" used to designate some unfortunate who happens to be the possessor of a high-arched palate, misshapen ears, or an assymmetric skull, and who, under stress of circumstances, betrays some mental or moral obliquity. The argument is that Nature while inflicting upon this individual outward stigmata of her freakishness, has been equally unkind in the matter of moral and intellectual endowments, and that he, in sinning against well-recognized laws, is simply the victim of his own vicious organism. To argue thus is fallacious in the extreme, for it throws a most unwarrantable burden upon Nature, and leaves absolutely nothing to the account of two factors which are of vast importance in determining the mental, moral and social status of every individual—namely, education and environment. In proof of this, one has only to seek in the circle of his own acquaintances. This all leads, however, to the matter of heredity and its influence upon a person's nervous and mental welfare. Upon this point may be quoted the following admirable statement of the facts in the case by Dr. James J. Putnam: "Fortunately for the educational outlook, the evidence has begun to accumulate that a morbid inheritance is not the inevitably crushing and baneful thing that it has been thought. We come into the world, each one a being of limited

capacity, but in other respects free to become what circumstances make us, and responsible, to the extent of our capacity, for our lot. We bring no ticket-of-leave which stamps us as drunkards or manias on probation, but we do bear, in the histories of our ancestors, a certificate that hints by what efforts and by what avoidances we can make ourselves reasonable successes in our respective lines. There is no original sin, and not even, as it seems to me, original propensity, but only original capacity and original limitation, and even limitation is only another name for latent capacity."

Anyone at all familiar with nervous and mental diseases must at once be struck with the unquestionable soundness and fairness of Prof. Putnam's point of view. It brings the question of personal equation and responsibility into its proper focus and hints at the happy results which we may confidently expect from a due regard for the laws of hygiene in its broadest sense. Certainly it presents a most striking and stimulating contrast to the pessimistic fatalism of the views previously alluded to.

With regard to the brain and nervous system the hygienic problem is a far-reaching one, and if we would attack it at its very source, we must ask ourselves at the outset by what efforts and avoidances we may expect to ensure the unborn child

against the dangers which threaten the stability of its mental and nervous organization. This is a question which leads us directly back to the period antedating conception. In many unfortunate cases at this time the personality of one or both parents is, on account of alcoholism or other vice, for the time being, in a condition of morbid alteration, the deleterious influence of which may

be profound and enduring. But proper care of the mind and body at this time is only the beginning of parental responsibility. From the commencement of pregnancy to its close, and all through the period of lactation, every effort should be made to divert from the mother all possible causes of nervous wear and tear, chief and foremost of which are worry and anxiety.

USE YOUR HANDKERCHIEF.

BY GEORGE C. RUHLAND, M. D., HEALTH COMMISSIONER.

An ordinance requiring the use of a handkerchief when coughing or sneezing is asked for by the Milwaukee Health Department, which seeks thereby to make permanent what was found to be one of the most effective means in combatting the spread of the recent influenza-pneumonia epidemic.

The measure is being attacked with hoots and shouts of derision by some, and strangely enough by those who clamored most loudly for help while the epidemic was upon us.

We suspect that the remedy suggested in the proposed ordinance seems too simple to our critics, who evidently are still accustomed to incantations and the beating of tom-toms as a more impressive and, therefore, more befitting ceremony for the protection of their exalted personage.

Public opinion, however, we feel, will sustain the proposed ordinance. The public very properly has come to recognize the indiscriminate spitter as a nuisance and public health menace. The public instinctively also

turns away from the careless individual who pollutes the air about him by coughing and sneezing.

There is, indeed, very good reason why the careless cougher and sneezer should be avoided. The materials which he scatters about him are the same offensive germ laden secretions which are ejected when spitting, with this difference only that the finely divided spray that is expelled from nose and throat with the cough and sneeze carries farther, and can more readily be inhaled by the unfortunate and unsuspecting victim within radius of this human atomizer.

It is a well proved fact that the secretions from nose and throat of persons with a cold carry highly virulent germs. Coughing and sneezing are common symptoms of colds. There is very good reason, therefore, why the cough and sneeze should be covered up with a handkerchief.

People of careful and considerate habits will use a handkerchief when compelled to cough or sneeze; careless and inconsiderate individuals should be made to do so.

THE CITY'S PREVENTORIUM.

By GEO. R. ERNST, M. D., Chief, Tuberculosis Division.

If we are able to interpret the signs rightly, then the time does not seem far distant when development of the body of the child at school will receive as much attention as its mental development.

We have in mind specifically health propaganda such as the Modern Health Crusader Tournaments held at present in both public and private schools of the city under the joint auspices of the Red Cross and the Wisconsin Anti-Tuberculosis Association, as well as a nutritional clinic for undernourished children, conducted under the patronage of the latter agency.

It is, of course, useless to speculate on why the old Roman adage of "a healthy body in a healthy mind" should have been made to linger so long in neglect and forgetfulness. The thing that matters is the fact that apparently the time has come when the pendulum will again swing in the opposite direction, and we trust will bring a sane and safe appreciation of the importance of health as an economic necessity.

It should not be inferred from this that nothing has been done in all these years for the bodily development of the child at school. As a matter of fact, for some years considerable efforts in this direction have been under way, and even the rediscovered essentials of the campaigns above referred to—barring its popularizing features—have been in practice in the city's Preventorium for several years now. Perhaps be-

cause the Preventorium is located outside of the city has its work come less to the attention of the public. A brief sketch of what this institution does for children may, therefore, be of interest and is herewith presented.

The Preventorium was established under the Health Department five years ago in what was known then as the Greenfield Sanatorium. The underlying thought for the establishment of the institution is to provide a place where undernourished children, and especially such that have a tubercular parent and thus have been exposed to frequent infections, might regain their health. On the average these children are kept in the country from three to six months.

It is the aim of the Preventorium to increase the vitality and resistance of each child that enters its gateway. In order to successfully combat infection we depend upon rest, air, food, cheerful surroundings and schooling. All the principles of personal hygiene are taught by practical application.

The most important factor is rest. Depending upon its condition, each child rests from two to four hours every day. There is nothing so important as perfect relaxation of the body and the nervous system. In the school the result of this rest is soon noticed, for within a short time the children will quiet down and be attentive, while formerly they were fidgety and found it difficult to con-

centrate. In spite of their resting two hours during the afternoon, the children sleep better at night than previous to their entrance. The nervous tension is finding possibility of relaxation. That this rest is most important has been shown by the improvement of such children that had received the other items of our schedule at their own home.

Fresh air, preferably cold air, is of the utmost importance. It has been repeatedly shown through observation that sanatoria for the adult sick also have made, that gains in weight are usually present during the coldest days. There is nothing so stimulating as cold air. Seeing the children sit in their eskimo suits and happily preparing their lessons with the windows of the schoolroom wide open one never finds the listless, sleepy child so frequently seen in a warm school room, which is ventilated by an expensive ventilation system.

According to our experience the third factor in regard to the value it has upon increasing the child's vitality is food. Meat is given at the most once a day. But a marked emphasis is placed upon vegetables properly prepared, fats, especially butter and cereals.

Recognizing the intimate relation of mind and body, and the influence of one upon the other, it is our endeavor to create an atmosphere of quiet happiness. Nothing can assist so well as the study of nature, and the intimate communion with its beauties. Or again, the evening story told at the twilight hour of some fine deed or person tends to awaken and develops the finer traits in our children.

During the morning the children attend the Fresh Air School, there to learn and keep up with the classmates they have left behind in the stuffy city school. Needless to say, we, too, have experienced the observation of others, that as a rule the children easily accomplish this in spite of the shorter school hours. The reason is not far to seek. Improvement in health means improvement in ability to learn.

Ninety per cent of our former pupils at the Preventorium, whose present condition is known, show decided improvement in health, spirit and intellectual power. No doubt the city has gained decidedly by thus eradicating a source for future cases of tuberculosis.

CHILD WELFARE INTENSIFIED.

BY JOHN P. KOEHLER, M. D., DEPUTY COMMISSIONER OF HEALTH.

The war and the influenza epidemic have generally brought a greater realization of the value of human life. The Health Department also is alive to its increased responsibility in the work of saving human life and, therefore, has determined on an

intensified child welfare campaign. It must, of course, have the co-operation of every one in this campaign. The work at present briefly is planned as follows:

A health record is started for every child as soon as its birth cer-

tificate reaches the Vital Statistics Division. These incomplete health records, which number about forty a day, are given to our 30 field nurses who visit the homes of the new-born and complete the record of each child, giving especial attention to the social condition of the family.

These cases are all divided into three classes. The children who are in homes, well able and willing to employ a private physician, are placed in class "One" and their history charts filed accordingly. No further follow-up work is done on these class "One" cases by the nurse. Children in homes that are unable to employ a physician are registered as class "Three" cases. These children are closely watched by the nurse and seen every day if necessary and referred to the doctor at the Child Welfare Clinic once a week. Where a child in this class is apparently well it may be seen only every week or two by the nurse. Children in homes that can afford to employ a physician, but can not be relied upon to do so, are placed in class "Two." These children need watching and are seen every two or three months.

All children of pre-school age are registered by the nurses when discovered by them when visiting the homes in their districts. They are all classified the same as the new-born. When a new family arrives in her district it is the nurse's duty to learn if the young children are registered with the Child Hygiene Bureau. Since this plan of registration has been carried on, some very valuable information has been gained by this department.

A case of ophthalmia neonatorum receiving no attention was discovered. This child no doubt would have

lost its eyesight if not found by our nurse. Babies have been found whose birth certificates were not recorded. Babies who were males on their birth certificates were found to be females when the nurse made the home call. In giving the place of birth, we find that many physicians and midwives guess at the address.

The results already obtained have proven conclusively that our plan of registering every child is a step in the right direction.

The greatest difficulty before us at the present time is to supervise the health of all children in class "Three" with our relatively small number of nurses and doctors. When we have all children registered, there will be about 15,000 in class "Three." These cannot be seen as often as they should be by the nurses. The solution of the problem lies in the establishing of more Child Welfare Stations, where mothers may bring their children for inspection. Just as a school physician can supervise the health of 5,000 school children by having them come to school, so a Child Welfare doctor can more competently supervise the health of 5,000 children of pre-school age by having them come to Child Welfare Stations.

At present the Health Department has six Child Welfare Stations, but hopes to add ten more to this number very soon. Of course, we cannot have million dollar buildings for these stations, as children of school age have for education, but will be fortunate if we can even obtain some basement rooms that cannot be used for anything else, until the time comes when money will be as gladly given for health work as it is for education.

INSOMNIA OR SLEEPLESSNESS.

FROM "PERSONAL HYGIENE."

Insomnia or inability to sleep, while fairly common as an isolated experience, is fortunately not a serious condition. For all but the most profound sufferers from insomnia the treatment is simple and easily carried out. Mental work should be performed during the first part of the day and restricted to four or six hours. The importance of outdoor exercise cannot be over-emphasized. The bed-chamber should be cool; the bed hard and its coverings light. A fairly long time should be spent in preparation for retiring, but care should be taken that the feet do not become cold during this time, since the sensory stimuli thus provoked may in themselves be sufficient to keep the cortical centers alert and prevent sleep. Undue heat of any part of the body surface may also cause wakefulness; but for certain people a warm bath taken just before retiring brings about the desired result. Those who persist in going over in their minds the affairs of the day after their heads have touched the pillow should attempt to divert brain-activity by giving the stomach something to work upon, such as a glass of warm milk, a cup of hot bouillon, or even a glass of beer. Any large amount of alcohol should not, however, be taken at this time, since between the stupor thus often produced and the healthful restoration of energy which accompanies genuine sleep there can be no rational comparison. The bad effects of strong coffee taken at night need hardly be mentioned.

Prolonged insomnia, if it be absolute, is a very dangerous condition, and the measures necessary to overcome it are consequently more active. The patient—for the victim of continued insomnia must be regarded as a sick man or woman—should be kept in bed, and opium and its derivatives, as well as the whole group of so-called hypnotics, should be sedulously excluded. The mere application of mustard-leaves over the upper part of the chest and back for long-continued periods will frequently relieve uneasy feelings in the head and produce sleep for several hours. In using this remedy care should be taken not to blister the skin, since blistering is an unnecessarily severe measure. Counter-irritation, which is, of course, the object of the treatment just advocated, may also be secured by the application of bottles of warm water applied to the feet and back, and by the use of warm compressors over abdomen. Very gentle shampooing or "massage" applied to the head and neck four or five times a day for a few minutes at a time is generally soothing. This should be done by the spread-out fingers, starting from the sides and back of the head, and being carried gently down to the clavicles and about the root of the neck. One of the best methods of depleting the blood vessels of the brain is to draw the blood into the vessels of the abdomen by means of food. Food should, therefore, be given in small amounts at frequent intervals, and the largest meal should come at

night. Gentle rubbing of the whole body, beginning with the lower extremities and working up, is a good method of eliminating waste-products from the tissues, but should not be done after six in the evening and never longer than five or six minutes at any time. If carried out after the hour indicated or for a longer time than five or six minutes, the rubbing is likely to excite the patient and thus defeat the purpose for which it is undertaken. In any case the dan-

ger of producing excitement is lessened by the use of oil on the operator's hands. Such advice may be contrary to the laws which govern the technic of massage; it is, however, not massage, but gentle rubbing that is indicated in prolonged insomnia. If these measures are faithfully carried out, the resort to sedatives and hypnotic drugs rarely becomes necessary, and the danger of the formation of vicious drug-habits is happily averted.

THE HYGIENE OF INFANCY.

By WALTER L. PYLE, M. D.

The baby should not be overdressed or underdressed. The clothing should be soft, simple, loose and light, and porous for adequate ventilation of the skin. Material of loose texture is worn because of the air in the interstices, air being a poor conductor of heat. The child should wear only enough clothing to keep warm both in the crib and out of it. Clothing hampers the activity of the skin and muscles. The hands and feet must be warm, but the baby should not perspire perceptibly. The undergarments are preferably of silk and wool, or wool and cotton, and in summer cotton. In winter the undergarments should have long sleeves.

The abdominal band or binder, used night and day during the first two or three months, is of advantage only in that it prevents chilling of the abdomen and prevents the clothes from pulling on the cord. It is commonly made of very soft flannel, cut bias and unhemmed, 6 inches wide and 20 inches long. It may be

knitted or crocheted. It should be adjusted rather loosely around the body and pinned with safety-pins about the stomach. No stick-pins should ever be used about a baby. The band must not be tight for a very snug band interferes with digestion, and may cause vomiting and even rupture.

The diapers should be soft, light, absorbent, preferably of cotton or cotton stockinet. Canton flannel and linen are not so absorbent. The first diapers should be 1 yard long and $\frac{1}{2}$ yard wide. When the baby is three months old, they will have to be 20 inches wide and 40 inches long. The hemmed diaper is folded into a square, then into a triangle, making four thicknesses. A second diaper, folded into a square, may be placed under the hips or pinned in a triangular form around the waist; or a diaper-square (a small diaper folded two or three times to form a square of 10 inches) may be placed inside of the ordinary diaper.

A rubber or water-proof covering should never be worn for any continuous period, by reason of the heat and chafing engendered.

The diapers should be washed several times before the baby uses them in order that they may become quite soft. When they are wet or soiled they should be at once changed, and not used again until they have been washed with pure soap in boiling water, well rinsed several times, thoroughly dried, and aired for a day.

Socks must be worn constantly during the first months. They may be of silk thread or soft worsted, knitted or crocheted, and should reach half-way to the knee. When the child is dressed in short clothes stockings must be worn during the day; and at first moccasins of kid, felt, or chamois leather, and then thin, flexible shoes should be worn. The stockings should be white or of a light color, containing no dye capable of irritating the skin. They should cover the legs and be pinned to the diaper. The socks and stockings should not fit too snugly. Diarrhea, colic or pneumonia may result from chilling of the arms or legs, therefore these should not be bare.

Shoes are not essential until the baby begins to stand or creep. They should be made to fit the foot and be somewhat longer. They are preferably laced, and should be both right and left.

The petticoat is best made of flannel, but for summer the waist may be of cotton. It is generally made with armholes without sleeves, fastened with flat buttons or narrow ribbons. It should be about 25 inches long, reaching only from 6 to 10 inches below the feet. When short

clothes are put on this garment is shortened.

The dress is of long cloth, lawn, dimity, or nainsook, fastened in the back with buttons or ribbon, and with long sleeves.

The night-gown, of similar material, is very roomy and longer than the day-slip. In winter, the night-gown should be canton flannel or a mixture of cotton and wool. It should be closed at the bottom with a drawing-string in the early months, and particularly in winter.

When the baby is being prepared for bed, all the day clothes should be changed for night clothes, including a clean band and diaper. Socks are unnecessary in bed, but should be put on when the baby is taken up.

A lap-protector is a most useful article. It is made of washable goods, and may contain a detachable slip of rubber sheeting.

Out-of-door garments are the long woolen coat, the thick hood, veil, and mittens for winter, and merely the muslin or silk cap for summer.

The bib is of soft absorbent cotton material. It may be worn over a rubber one.

A creeping apron is useful. It consists of yoke, provided with wide armholes and sleeves, to which is attached a bag-like skirt, the lower end of which is 27 inches wide, and is closed except for two openings, which are 15 inches apart. These openings are gathered into bands and fastened below the knee.

The layette generally contains the following: Bands, flannel, 4 to 6, diapers 6 dozen or more, shirts 6, socks 6 pairs, slips 6 or more, night-gowns 6, petticoats, flannel (and perhaps several muslin) 4, wrappers 2 or 3, sacks 2, bibs 6 or more, flannel

tion of these trait-offspring makes up the child.

From these facts, it is readily understandable how important becomes the consideration of the marriage of relatives, such as cousins, who are, of course, individuals of the same family line, whose mating brings together like groups of traits, thus strengthening the existence of

these traits, whether desirable or undesirable. Cousin marriages, when the family line possesses traits of mental inability, may result disastrously with respect to offspring. Family lines possessing traits of mental weakness should most assuredly join only to family lines possessing traits of strength in those regards.

Labor Program for Health and Safety.

(AMERICAN JOURNAL OF PUBLIC HEALTH.)

1. Continued agitation for a shorter work day to a maximum of eight hours for all manual toilers.

2. Demand for a higher minimum wage for all labor.

3. Encouragement of out-door exercise.

4. Formation of fresh air clubs.

5. Recommendation of temperate habits, including a diminution of the use of intoxicants.

6. Release from work at least one full day in seven.

7. Playgrounds for children adjacent to all public schools.

8. Large, open "breathing spaces" or parks interspersed in all cities.

9. Total elimination of the sweat shop system.

10. Rigid inspection and enforcement of law in all mines, mills, factories, and work-shops.

11. Saturday half holiday, fifty-two weeks in the year.

12. Incorporation in trade agreements or in collective bargains governing working conditions of provisions for suitable ventilation, sanitation and safety devices.

14. Further agitation for better

rooms and fresh air ventilation in all living apartments.

15. A positive demand for the passage and enforcement of rigid anti-child labor laws in states where they do not now exist.

16. Abolition of night work by women and minors.

17. Equal pay for equal work regardless of sex.

18. More conferences and better understanding established among employers, workers and physicians.

19. Inauguration of community forums where health conditions can be openly discussed by parents and physicians.

21. Continuous medical and dental inspection in all public schools at public expense.

22. Complete systems of up to date physical education in all public schools at public expense, with further provision for free examination of adults by medical faculty of schools.

23. Concentration of all Federal health agencies into one department with a secretary at its head, he to be a member of the President's Cabinet.

HOW TO LIVE.

LESSON II.

W A T E R.



Next to air water is the most important of all substances necessary to life.

Nearly seven-tenths of the human body is water.

In order that the various organs of the body can do their work properly, sufficient water must be supplied daily.

Few people drink enough water; headaches, constipation, and general poor health result as a consequence.

Food cannot be properly digested nor absorbed without water.

Water is best taken between meals; it may be taken with meals, but should never be used to wash down food.

The drinking of very hot or very cold water (ice water) is equally harmful and should be avoided.

Use water liberally externally as well as internally—keep clean inside as well as outside.

DRINK FIVE TO SIX GLASSES OF WATER DAILY.

Milwaukee Health Department.



BEWARE OF COLDS



*If you would escape disease,
Cover up each cough and sneeze.*



MILWAUKEE HEALTH DEPARTMENT

City Hall

Broadway 3715



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Bulletin

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

MARCH 1919.

Vol. 9, No. 3.

*SICKNESS is costly,
help prevent it.*

U. S. P. H. S.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE E. ADAMS,
Vital Statistics.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. T. THOMSON, M. D.,
Sanitation.

C. D. PARTRIDGE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

MISS MAXINE BIEBESHEIMER, Supervisor of Nurses.

HEALTH DEPARTMENT GENERAL DIRECTORY

TELEPHONE CALLS.

The City Hall telephone number is Main 3715.

Do not ask merely, for the "Health Department"—get the proper person or division. If uncertain, tell the operator, briefly, what your call is about, or ask for the Chief Clerk.

The following offices are located on the sixth floor in the city hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.

Food Inspection Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:
Tuberculosis Division.

OFFICE HOURS.

General Office Hours, 8 A. M. to 12 M. 1:30 P. M. to 5 P. M. Saturday afternoons and Sundays, Closed.

Engagements with the Commissioner should be by appointment.

ORDINANCES YOU SHOULD KNOW.

SPITTING ON WALKS AND IN BUILDINGS:

Gen. Ord. 1906. Chap 15,

Sec. 33 and 34.

No person shall spit, expectorate or deposit any sputum, spittle, phlegm, tobacco juice or wads of tobacco upon the floor or stairway or any part of any theater, public hall or building, or upon the floor or any part of any railroad car or street car, or any other public conveyance in the city, or

upon any sidewalk abutting on any public street, alley or lane; and it is hereby made the duty of the owner or agent of every theater, public hall or building in said city to provide every such theater, public hall or building with a sufficient number of spittoons or cuspidors.

Penalty—Not less than (\$1.00) nor more than (\$5.00) and costs, and in default of payment, House of Correction for not more than five days.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

MARCH 1919

Reconstruction or Destruction, — Which ?

BY JOHN P. KOEHLER, M. D., DEPUTY COMMISSIONER OF HEALTH.

We are now living in a reconstruction period. Just what is meant by reconstruction, depends a great deal upon what each one is most vitally concerned in.

The soldier considers the reconstruction work done when he has been mustered out of service, sent home to his dear ones and again given his old position or something a little better.

The capitalist considers the chief function of the reconstruction period to be the gradual readjustment of buying and selling prices, so that he will not suffer any financial losses by any sudden unexpected changes in supply and demand.

The laborer hopes that the reconstruction program will be so planned that he will keep his employment, without any reduction in wages until living expenses are reduced.

We might mention many other interested classes of individuals, but we would find that nearly all consider the reconstruction period from the dollars and cents point of view.

Human life is nearly always given second consideration. Many communities find it so much easier to lose lives than to lose money. The size of our national and local budgets apportioned to health work has been a disgrace.

We have always been willing to appropriate large amounts of money to save property and cattle, but very little to conserve life.

The war has taught us to some extent the value of a human life. It has become very precious. To save lives—not to save dollars—ought to become the greatest problem of this reconstruction period.

If no more money is spent for health work from now on than has been in the past, it will mean the beginning of the period of destruction instead of reconstruction.

One fifth of our population consists of children. Not only children of France, Belgium and Italy have suffered, but the same influences have undermined the health of our own children.

Most of us owe our present health to good bread and fresh milk, butter and eggs given us in large quantities when children. When the price of these necessities of child-life goes up, the weight and health of children go down.

For every soldier who has lost his life abroad, nine children under five years of age have lost their lives here.

Any program of reconstruction without an extensive Child Welfare program, will be of very little perma-

ment value as far as the future of our country is concerned.

Such a Child Welfare program should guarantee to every child proper food, sanitary surroundings, skilled medical service and everything necessary not only to keep it alive, but to give it the best possible health.

Illegitimate children should not be put into institutions with the highest mortality rate, in order to save, the mother inconvenience and embarrassment and the father expense.

Mentally subnormal children should not be compelled to compete with normal children in or out of school. A special program must be outlined for these unfortunate children, if we hope for a decrease in illegitimacy, juvenile delinquency and insanity.

Normal children should be given more time in school for recreation and physical training. The normal child needs play and if our future generation is not to be a race of "nervous wrecks", we must decrease the mental competition among children and increase physical and health competition.

Child labor laws should be made for the child and not for the employer. Children working ought to be

under the control of the Child Welfare and not Child Labor Department. Child labor is so difficult to regulate that it may be necessary to abolish it entirely. If children of fourteen and fifteen years must work eight hours a day to make a living, it would seem that a readjustment of our economic and social conditions ought to be considered.

A program undertaking to care for the health of children from the prenatal period to adolescence will appear to be a very extravagant and expensive undertaking to our near-sighted citizens.

The time has arrived when we will have to reconstruct our health programs. We have been willing to appropriate millions with which to fight illiteracy because we considered education the salvation of our government.

Illiteracy however is nothing compared to the ill-health facing us, if the "penny wise and pound foolish" policy of the past is to continue.

If this is to be a period of real reconstruction, let the government, the state, the county and the city spend at least as much for the health of the children as they spend for their education.

GOOD FOOD HABITS.

The child is the adult of tomorrow. The kind of food a child has today determines to a considerable extent the fitness of the future citizen. Those who direct the feeding of the child have a responsibility which cannot be overlooked. Good food habits should start today. Tomorrow may be too late.

1. *Have regular meal times.* There should be regularly appointed hours for eating. Do not allow children to eat except at these hours unless ordered by a physician. If the child gets very hungry two or three hours before time for the next meal, give him a slice of bread and butter. Do not give a child candy, fruit, nuts, cake or cookies between meals.

2. *Give plenty of water.* Children as well as adults should drink plenty of water between meals. Water will often satisfy the craving which many mistake for hunger. Food should not be washed down with water during meals.

3. *Children often have to be taught to like things which are good for them.* Be patient, but firm in teaching a child to like foods. Begin by giving a small amount of new food, give but one new food at a time, and repeat it regularly until the child learns to like it.

4. *Do not force children to eat when not hungry.* Forced feeding

causes more harm than light eating for a few days. If the appetite does not return, consult a physician.

5. *One should be happy while eating.* Let the meal time be a joyous occasion, without undue excitement just before, during or after eating.

6. *Allow plenty of time for eating.* Insist on thorough chewing so that the stomach may not be overtaxed.

7. *Dirt is dangerous.* Children should have clean hands and faces while eating; they should sit down to a clean table, and eat in an orderly manner. Flies should not be allowed to alight on the food either before or during meal time.

TUBERCULOSIS IN CHILDHOOD.

By GEO. R. ERNST, M. D., Chief, Tuberculosis Division.

Tuberculosis is definitely a disease of childhood. As such it is to be properly classified with the other infectious diseases, i.e., diphtheria, scarlet fever, etc. It has been proven without contradiction that, by the time infants have completed their first year, 10-15 per cent of their number have passed through their first attack of tuberculosis. As the years of life progress the percentage of children infected with tuberculosis increases and at the time when children have reached the 14th year, few indeed have escaped an infection with the tubercle bacillus.

This fact is not at all astonishing, when we stop to consider that the city of Milwaukee, for instance, has at present 4,057 active cases reported at the Health Department. These are by far the greater part, moderately and far advanced cases; cases that

singly harbor innumerable tubercle germs in their sputum. Early incipient cases are seldom reported; in fact, too often the persons themselves are totally ignorant of their condition. It is not impossible that persons, especially those beyond the twenties, unconsciously carry germs in their sputum for many years until perhaps a chance examination reveals their true state of health. It will hence cause no surprise to be told that children very early in their life experience an attack of tuberculosis.

In a way, this may even not be a detrimental occurrence. For, similarly to the other infectious diseases, one attack practically immunizes against a second attack. The first infection produces so-called anti-bodies in the blood, which successfully neutralize and do away with an infecting organ-

ism. How effective these anti-bodies are, depends upon the condition of the body that produces them. There are especially two reasons why we should guard against a tuberculosis infection; first, we never know how massive, and secondly we cannot tell how virulent the infection may be. The anti-bodies in the blood of a child may be able to render innocuous a comparatively small amount of infection, but, if the infection is too massive, too often repeated or too virulent, the protecting agencies of the child's system are overwhelmed and it will be unable to place a barrier around the bacilli.

Then, too, the protective agencies in the body of an infant are as yet incompletely developed and are unable to furnish the vigorous anti-bodies of a more mature system. With the practically universal presence of the tuberculosis bacillus it is to be expected that the mortality rate due to tuberculosis amongst infants must be very high. This is actually the case. The New York Health Department has conclusively shown that the number of deaths due to tuberculosis is higher amongst infants less than one year old than it is during any other year of life. To be sure, the diagnosis of tuberculosis during infancy is difficult, and far too often the diagnosis of congenital debility, marasmus, etc., is made, but the tubercle bacillus is the cause. These infants infrequently die of tuberculosis of the lungs, but more often of meningitis, broncho pneumonia, or digestive disturbances.

After the second year of life a remarkable decrease in the number of

deaths due to tuberculosis becomes manifest, in spite of the steadily increasing percentage of infections. In fact, from the third or fifth to the twelfth or fifteenth year is the golden age of a person's life so far as tuberculosis is concerned. Following upon this most fortunate period, puberty sets in with all its disturbing factors. This is the only way of explaining the very marked increase of the death rate to be found among girls beginning with the 12th year, while the death rate of boys does not rise until they have reached the 16th year. This ratio continues until the age of 20, when for the first time after infancy more boys die of tuberculosis than girls.

All these factors point to the conclusion that the universal presence of the tubercle bacillus is, as far as the death rate due to tuberculosis is concerned, not so important as the condition of the child infected. And again, to bring about a general decrease of the death rate, while not neglecting the phase of infection, our attention must be principally occupied by the state of health of the child. And thirdly, the periods of life that require our care more than any other, other things being equal, are the first two years of infancy and the years preceding puberty, i. e., from about the tenth to fourteenth year.

The assurance of a healthy childhood rests first upon economic conditions, which must be such that parents are given the financial possibility of bringing their children up properly.

Furthermore, where necessary, par-

Tuberculosis is curable if recognized in time.

ents ought to be assisted in their care for their children. At times, no doubt, an improvement in the housing, in the management of a household, in the demonstration of a proper diet, etc., will be imperative. Education of the parent sounds very good but is most difficult. Seeing the immense value of these items to the future of a city, the entire tuberculosis question focuses itself wellnigh exclusively upon the child, the Health Department has undertaken this arduous task of education. Unfortunately, for the infants that are found in tubercular families little can be done save the imperative removal of the tuberculous parent to a sanatorium. Since our sanatoria are usually well filled, this is at times a difficult matter. It would be much better if our Preventorium would be enlarged so as to be able to accept these infants, which, as a rule, can find no hospital to receive them. To insure a reasonably certain future, these infants ought to be kept at the institution for about a year.

For the older children, especially such that have a tubercular parent and thus have been exposed to frequent infections, the Health Department has established our Preventorium. Also children who are poorly developed and undernourished and give a positive tuberculin reaction are sent to this institution. These children are kept in the country from three to six months. If the health of the child is a more important factor than the infection, no doubt this institution is more valuable as far as prevention of tuberculosis is concerned than a sanatorium for adult sick. It may be objected that, after a few months in the city, the children from the Preventorium will have lost the benefit of their stay in the country. Such, however, does not seem to be the case. Following up the discharged cases, we have found that the children in the largest number of instances retain their bodily improvement, and frequently we have heard that the children have been successful in influencing conditions at home.

PLAY FOR RECREATION.

FROM "HOW TO LIVE."

All work and no play make not only dull boys but dull men and women.

In some form, everyone can secure recreation. If one can not play golf, or polo, or tennis, or swim, or climb the Alps, at least he can walk, and, if he tries, he can do so in good company on interesting highways and byways.

Recreations in which more persons than one take part are far superior in this respect to those of a solitary nature. They require a give and take,

a matching of wits, a feeling of rivalry, and at the same time, companionship.

Plays and moving pictures of the right character and free from morbid suggestions, if enjoyed in moderation, are hygienic. Comedy is generally more wholesome than tragedy. Laughter lengthens life; tears do not.

The proper kind of reading is often a most beneficial type of recreation.

It is best for the average individual to avoid literature that deals with the

morbid and pathological, that depicts and analyzes abnormal psychological conditions. Such studies are better left for alienists. Literature of mawkish sentimentality should also be avoided. Within the range of sound literature there is a wide choice of abundant material affording healthful mental suggestions.

Dancing combines wholesome exercise, social enjoyment and the acquirement of skill and grace, but it is seldom of much hygienic value because it is frequently overdone, and often involves bad air and loss of sleep. In one large plant where the employes were examined by the Life Extension Institute, the management regarded the harmful effect of dancing as their chief obstacle to efficiency. Many of the large force of girls and women were accustomed to dance until late in the night, bringing on condition of chronic fatigue.

Card-playing and similar games afford a wholesome mental recreation for some persons. However, they, too, are liable to be associated with late hours, and other disadvantages even when they do not degenerate into gambling. Card-playing, dancing and many other popular forms of amusement often border on dissipation.

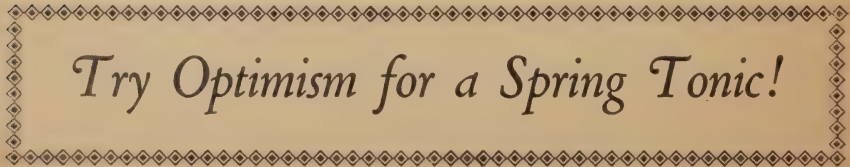
Amusements which weaken and degrade are not hygienic. Many who need amusement make the fatal mis-

take of getting it in suicidal ways, in the saloons, dives, and the low dance halls.

Play is simply a half way stage between work and rest. In a hygienic life there must be a certain amount of actual rest. Every bodily power requires rest after exertion. The heart rests between beats. The muscles require relaxation after every contraction. The man who is always tense in muscle and nerve is wearing himself out.

The power to relax, when fatigue requires it, is one of the most important safeguards one can possess. Lying down when tired is a good rule. A very hard-working college president when asked about the secret of his working-power and length of life replied, "My secret is that I never ran when I could walk, never walked when I could stand, never stood when I could sit, and never sat when I could lie down."

Such rules as these are valuable, of course, only when the requirements of one's occupation tend toward ceaseless activity. For idle and lazy people the rule should be reversed—never to lie down when one could sit, never to sit when one could stand, never to stand when one could walk, and never to walk when one could run! A complete life must have all in due proportion.



Try Optimism for a Spring Tonic!

The Value of Competition in Health.

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

The nutritional clinics conducted by the New York Child Health Organization last year have demonstrated that the group spirit and spirit of competition which can be aroused in children are the most potent forces in keeping up interest and getting results in health work among school children.

The grading of pupils and the issuing of monthly report cards, unquestionably drives children to greater mental effort.

If children were graded in school according to their health, no doubt, we would have a great improvement in their health.

If a child brought home a monthly health report card, something would be done if it read as follows: nutrition 60, condition of teeth 50, vision 75, cleanliness 68, nervous system 50. At first something might be done to the physician who did the marking, but before very long both child and parents would make an effort to get better health marks.

In the past the mistake has been in the effort to impose a set of arbitrary rules for health instead of arousing the child's own interest and cooperation.

Public health education is one of the great needs of our time, but it must begin with the children and be made an essential part of the teaching in our elementary schools. Instruction in health is really the most vital part of education, and it must be given while the child is at the receptive age.

The vulnerable part of our educational system today is the ignorance of teachers on personal and public health.

It is difficult to interest children in health problems if the teachers are not interested and it is difficult to interest teachers if they are so ignorant in matters concerning health, that they can't even appreciate its value.

In order to stimulate more interest in health education in our grade schools, the Milwaukee Health Department and the local branch of the American Red Cross have made arrangements to place one hundred scales in the largest public and parochial schools. These scales with measuring rods will be used to weigh and measure every child once a month.

Special class-room weight record charts and instructions to teachers for the conducting of these weighing contests will be furnished to every room by the U. S. government through the Milwaukee Health Department.

These weighing clinics will accomplish at least two very definite things. They will discover the children who are under weight, and those who are losing or failing to gain weight. These can then be referred to the school physician and nurse for further investigation. They will stimulate the children who are under weight to follow instructions necessary to reach the normal weight.

If teacher tells Jimmie he is five pounds under weight and must drink

more milk, eat more bread and butter and potatoes. Jimmie will feel inclined to follow the teacher's advice, so that when he is weighed again on the following month, he will be complimented on his gain in weight.

At the Preventorium of the Milwaukee Health Department, it has been proven beyond doubt that children under weight, given fresh air, good food and plenty of rest, can be made to reach the normal weight within a comparatively short period of time.

The Wisconsin Anti-Tuberculosis Association has proven through its nutritional clinic that under-nourished children need not be taken to an institution to regain their normal weight.

By doing intensive home and school work, children may receive the proper food, fresh air, rest and other factors necessary for proper nutritional development. Although it is possible to get results by doing intensive work on poorly nourished children, either at home or in an institution, yet we must admit that the same attention given to fifty children in an institution as the Preventorium or at a nutritional clinic as is conducted by the Wisconsin Anti-Tuberculosis Association, cannot be given to the fifteen thousand under-nourished school children which are in Milwaukee.

When you are dealing with fifty children, you may assign a worker to almost every child, who will keep that child under continual supervision and instruction. When you are dealing with 15,000 children a fifty children plan cannot be used.

The weighing and measuring of

school children once a month in connection with a health program in each room, appears like the most practical solution of the mal-nutrition problem, at least for the present. When the time arrives when we can have one nurse for every forty pupils as we have one teacher now, and one full-time physician for every school as we have one principal now, then plans for more intensive work can be carried out.

At the present time this monthly weighing and measuring program is carried out at two of our large parochial schools: St. Casimirs and St. Michaels, each with an attendance of over one thousand children. The scale hasn't been at St. Michaels school long enough to prove its value, but our experience at St. Casimirs has convinced us that one scale in a school and about one hour a month set aside by each room for the weighing of children, will accomplish a great deal for under-nourished children.

While the normal gain per month for children in the grade school is about 8 oz., the weight records at St. Casimirs school show an average gain of one pound and five ozs. The children know that their school teacher and the Milwaukee Health Department want them to gain in weight and are going to do all they can to do so, even if compelled to eat things they don't like.

After every school has a scale, it is planned to give a banner every month to the room that has the highest average gain per child. Our plan is to stimulate competition in health work, not only among the individual children, but also among the schools.

SLEEP.

From "How to Live."

Sleep is nature's great rejuvenator. and the health-seeker should avail himself of it to the full. Our sleep should not only be sufficient in duration but also in intensity, and should be regular.

Exercise taken in the afternoon will often promote sleep at night in those who find sleep difficult. Slow, deep, rhythmic breathing is useful when wakeful, partly as a substitute for sleep, partly as an inducer of sleep.

Sleep may also be induced by monotonous sound, or lack of sound, or the monotonous holding of the attention. Keeping awake is due to continued change and interruption or arrest of the attention.

The number of hours of sleep generally needed varies with circumstances. The average is seven to nine. In general one should sleep when sleepy and not try to sleep more. Growing children require more sleep than grown-ups. Parents often foolishly sacrifice their children's sleep by compelling them to rise early for farm "chores", or in order to sell papers, or for other "useful" purposes.

One's best sleep is with the stomach empty. It is true that food puts one to sleep at first, by diverting blood from the head; but it disturbs sleep later. Water, unless it induces bladder action during the night, or even fruit, may be taken without injury before retiring. If one goes to bed with

an empty stomach, he can often get along well with six or seven hour's sleep, but if he goes to bed soon after a hearty meal, he usually needs from eight to ten hour's sleep.

It has already been pointed out that sleeping outdoors is more restful than sleeping indoors.

A pillow is not a necessity if one sleeps lying prone with one arm extended above the head and the leg opposite drawn up. This sleeping attitude can easily be reversed to the opposite side. It has one advantage over pillow-sleeping, that of not tending to round shoulders. This prone position is often used now for infants, but is seldom enjoyed by adults.

A modern "hard" bed is far preferable to the old-fashioned soft (and hot) feather bed.

The character of sleep depends largely on the mental attitude on going to bed. One should get into the habit of absolutely dropping work and cares at bed time. If then one suggests to himself the pleasantest thought which memory or imagination can conjure up, his sleep is likely to be far more peaceful and restful than if he takes his worries to bed, to keep him awake unless sleep comes in spite of them, and to continue to plague him in his dreams. If one is worried, it is a good plan to read something diverting, but not exciting, just before retiring.

Keep the Bedroom Windows Open.

THE HYGIENE OF INFANCY.

By WALTER L. PYLE, M. D.

FOOD.

The best food for the baby is the mother's milk. Breast-fed babies are larger and much healthier than those bottle-fed, and have a much lower mortality. Early nursing of the baby is a good practice, because it stimulates the secretion of milk and improves the nipples if poorly developed, besides having a purgative effect on the child's bowels. During the first day or two sweetened water should not be given, a little fairly hot water will suffice.

Regularity in nursing is of supreme importance. For the first six weeks the baby should have the breast every two or two and a half hours each day, and later every three or four hours.

It should never be allowed to sleep at the breast. If it falls asleep while nursing, it should be removed from the breast immediately.

Often a baby cries because it is thirsty. Water should be given to it several times daily. It should be trained to sleep without nursing at night.

In nursing the child should be supported by the mother's arm. After convalescence the mother can apply the nipple to the baby's mouth better by slightly bending forward, raising the breast with the fingers to keep its weight off the little one's nose. Withdrawing the nipple is sometimes necessary for breathing space and prevention of choking. If the secretion is too slow, the hand should be pressed on the breast; if too rapid, the base of the nipple should be pressed between the fingers and thumb.

The mother secretes normally about one pint daily during the first weeks, a greater amount later. Simple regurgitation is merely a sign of excessive supply, unless attended with a sour odor and poor health, but calls for shorter nursing periods. Ordinarily, after the baby has emptied one breast, in ten to fifteen minutes, it falls asleep and should be removed.

If the amount of milk be insufficient, it may be increased by drinking copiously of cow's milk, taking various milk-foods, extract of malt, etc. It is important that the mother take regular exercise and get plenty of out-door air. She should also avoid all excitement and late hours. In case of sudden emotion, it is best to empty the breast with the pump and resort to artificial feeding for a few hours.

The nipples should be cleansed before and after nursing with boric-acid solution and gently dried. If they are poorly developed or slightly sore, an artificial nipple should be applied. To prevent caking, massage with olive oil, and use the breast pump if necessary.

Weaning should occur when the baby is about ten months old, but this depends upon circumstances; unfavorable periods are in summer and during teething. It is best done gradually. Indeed, some physicians advise beginning at the fifth or sixth month by substituting one or two bottles a day. Weaning is generally prolonged for about a month, but if the baby refuses to take the bottle, or even a cup or spoon, the breast must be withdrawn permanently at once.



PUBLIC HEALTH CLIPPINGS

RESULTS OF CAMPAIGN AGAINST
VENEREAL DISEASES IN
THE ARMY.

The Surgeon-General of the Army has recently issued the results obtained from the campaign for combating venereal diseases. Reports indicate that approximately 85 per cent of the men entering the Army were already infected and that 15 per cent of all cases reported were contracted after enlistment.

Coincident with the introduction of preventive medicine measures, the annual venereal disease rate dropped from 155 cases per 1,000 in 1910 to 83.60 per 1,000 in 1915. These 83.60 were practically all new infections, as, at that time, men infected with venereal diseases were refused admission to the regular Army.

Under the Surgeon-General's program as outlined the annual venereal disease rate per 1,000 in the United States (new infection) has dropped from 83.60 per 1,000 in 1915 to approximately 20 per 1,000 in 1918.—*Social Hygiene Bulletin*, October, 1918.

(D. G.)

TUBERCULOSIS AND THE WAR.

If the experience of our Allies is to be used as a criterion the soldiers who are sent to tuberculosis sanatoria will leave very soon after their admission. These men desire to get back to their homes and friends, and there, their care, treatment and supervision will devolve upon the local authorities. Then there is a second group of cases

to be cared for,—those that have been excluded by the draft boards.

This problem can be met by the establishment of local tuberculosis hospitals and sanatoria and in part by local dispensaries. Each community should provide at least one center for the free medical examination, treatment, advice and instruction of the tuberculous and those living in intimate association with them. In addition, there should be developed a system of home supervision for advice and aid to patients in their homes.—G. J. Nelbach, *Proc. N. Y. State Conference of Mayors*, 1918.

(D. G.)

HEALTH AND DISEASE.

The greatest asset of our nation is health. The greatest liability is disease. We should bring our books to a balance. Every day be able to charge off. Remember we are not as healthy as we should be, or may be. Disease is rampant and our hope is through the intelligent care of public health. We are gaining knowledge; this knowledge brings new laws and better results. We inherit both health and disease. If our public health had been properly safeguarded through the past generations from the thousand and one bad sources of contamination, disease would be practically unknown. Let us then invest in the youth of our land the advantages of good health for the protection of future generations.—*Michigan Public Health*.

FIVE FILTHY FINGERS.

Did you ever make a diary of your fingers? Did you ever set down in cold black and white the things your fingers touch every day and did you ever consider the number of times daily that your unwashed fingers seek your mouth?

When surgeons discovered that it was their own infected fingers which carried germs into wounds, they set about trying to discover a means whereby their hands could be rendered surgically clean, i. e., free from germs. The whole realm of chemistry was ransacked for agents which would disinfect hands, and the scrubbing and immersions to which they subjected their hands are even yet a tender memory to the surgeons of that period. But all these efforts proved useless and at last in despair surgeons took to wearing rubber gloves which could be boiled, thus bringing to each patient, as it were,

a fresh pair of sterile hands. In other words, try as you will you can't by any known method make your hands absolutely clean.

What an enormous number of infected things we touch during the day and how infrequent and cursory are the hand washings we perform.

The answer is to keep your fingers out of your mouth and nose. Thus we limit the spread of disease from these orifices at least, thus we eliminate the danger of contracting disease from someone else who was not quite so careful.—*Exchange*.

Recognized early, tuberculosis is the most curable of diseases. If called "malaria," "weak lungs," "chronic bronchitis" or some other spurious name until well advanced (and other members of the family have contracted tuberculosis) it is then too late to save the patient by changing the name of the disease.

Order Your Bulletin.

We want the Bulletin to go only where it is wanted. If you wish the Bulletin sent to you for the balance of this year kindly fill out the attached order form and mail it at once.

Unless we receive your order for a continuance of the Bulletin your name will be dropped from our mailing list.

Milwaukee Health Department,
Bureau of Publications.

Gentlemen: Kindly send me the Bulletin for the balance of this year.

Name

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Date

HOW TO LIVE.

LESSON III.



Food and Eating.

Food is necessary for body growth as well as for the replacement of tissue worn down by work.

A mixed diet including every variety of food is best.

A Milk is the best all-round food for children.

A well balanced diet should include some hard food, such as the hard crusts of bread, some bulky food, such as vegetables, and some raw food, such as fruits.

Eating above the body needs not only wastes food, but is harmful to health as well.

The brain worker requires less food than the man who uses his muscle.

Less food is required in summer than in winter.

After 40, meat should be used sparingly.

Don't eat unless hungry.

Don't eat when overtired.

Don't eat when irritated.

Don't work immediately after eating.

Season your food with cheer.

**LEARN TO EAT SLOWLY AND CHEW YOUR
FOOD THOROUGHLY.**

Milwaukee Health Department.

Health Essentials

FOR THE CHILD AT SCHOOL.

Wash hands before meals.

A full bath more than once a week.

Brushing the teeth at least once every day.

Sleeping long hours with windows open.

Drinking as much milk as possible, but no coffee or tea.

Eating some vegetables or fruit every day.

Drinking at least four glasses of water a day.

Playing part of every day out of doors.

A bowel movement every morning.

Bureau of Education, Washington, D. C.

Milwaukee Health Department.

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of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

APRIL 1919.

Vol. 9, No. 4.

*“A habit of labor in the people is
as essential to the health and vigor of
their minds and bodies as it is con-
ducive to the welfare of the state.”*

—Alexander Hamilton.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

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Vital Statistics.

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Tuberculosis.

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Sanitation.

C. D. PARTRIGDE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

MISS MAXINE BIEBESHEIMER, Supervisor of Nurses.

HEALTH DEPARTMENT GENERAL DIRECTORY

TELEPHONE CALLS.

The City Hall telephone number is Main 3715.

Do not ask merely, for the "Health Department"—get the proper person or division. If uncertain, tell the operator, briefly, what your call is about, or ask for the Chief Clerk.

The following offices are located on the sixth floor in the city hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.

Food Inspection Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:
Tuberculosis Division.

OFFICE HOURS.

General Office Hours, 8 A. M. to 12 P. M. 1:30 P. M. to 5 P. M. Saturday afternoons and Sundays, Closed.

Engagements with the Commissioner should be by appointment.

ORDINANCES YOU SHOULD KNOW.

SPITTING ON WALKS AND IN BUILDINGS:

Gen. Ord. 1906. Chap 15,

Sec. 33 and 34.

No person shall spit, expectorate or deposit any sputum, spittle, phlegm, tobacco juice or wads of tobacco upon the floor or stairway or any part of any theater, public hall or building, or upon the floor or any part of any railroad car or street car, or any other public conveyance in the city, or

upon any sidewalk abutting on any public street, alley or lane; and it is hereby made the duty of the owner or agent of every theater, public hall or building in said city to provide every such theater, public hall or building with a sufficient number of spittoons or cuspidors.

Penalty—Not less than (\$1.00) nor more than (\$5.00) and costs, and in default of payment, House of Correction for not more than five days.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

ARPIL 1919

ON GIVING HELP.

BY GEORGE C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

"God helps them that help themselves," runs a well-known saying, which like many expressions that have been adopted into popular usage holds a great deal of practical wisdom and philosophy.

Obviously this saying does not mean to pass judgment on the Almighty's way of doing things.

It does, however, mean to put the idea across that God is strong for those that get out and hustle.

Unfortunately there are not a few who expect the Almighty to do all of the hustling, and to dispatch the raven forthwith to fetch bread and meat while they pursue a course of watchful waiting in the meantime.

Again, there are also those who essay in the role of the useful raven bringing help to the expectant one.

There is a right way and a wrong way of doing in all matters; even in the matter of giving help there is a right way and a wrong way.

To give alms; to give food, clothing, money to the poor and needy has always been accounted praiseworthy.

No one will question, of course, the necessity and praiseworthiness of coming to the assistance of those in need.

There is, however, a world of difference in the manner in which such help is offered; the giving may prove an undoing instead of a help.

If the giving is undertaken as the sufficient means for the cure of poverty, it is a wrong way of giving.

One might as well try to put out a conflagration with a sprinkling can as to cure poverty by the giving of alms.

Help, to be of real value must be constructive; it must lead to self-help and independence.

Giving without this end in view is merely a palliative; it is treating a symptom without considering the underlying cause.

Real help will go to the root of the trouble, even while it relieves the pain of immediate distress.

Poverty needs a job more than it needs charity.

The man who is down needs a moral prop; he must regain confidence in himself; he must feel that he can come back.

Misapplied charity may put out the smoldering embers of ambition; may destroy the last vestige of self-respect, and in that way destroy utterly all chances of reconstruction.

The right way of helping is by assisting the fallen so that they may stand again and walk unaided.

BODY POSTURE AND DIGESTION.

BY CHARLES G. STOCKTON, M. D.

For the correct performance of function on the part of the stomach, liver, and intestines it is necessary that free and properly related movements of these organs should take place. Such movements are impossible in the large majority of women. The defects are so common, and the deformities of the body necessarily associated with them begin so early in life that they are largely overlooked, and are argued to be natural and beautiful by the mass of womankind. A certain amount of intra-abdominal pressure is necessary if the viscera of that region are to be held in their proper places and proper relations. This is possible only when the body is erect in sitting and standing when the chest is kept habitually raised to its normal position, and when the abdominal muscles are strong, and are not allowed to relax, pouch out, and thus favor the descent of the organs. This position should be urged during childhood, and mothers should be instructed in the proper method of dressing their children so that the chest may have the freest motion without meeting with opposition from the clothing. All garments should be suspended from the shoulders, to prevent the downward displacement of the stomach, intestines, kidneys, liver, etc. Practically all women stand in an improper attitude, a fact of which they are apparently ignorant. Others would not remain ignorant of the fact but for the concealment attending women's dress. That this is no exag-

geration, every physician who has given the subject careful study will readily agree; but the fact that more than 50 per cent of all civilized women, in all classes of life, have developed the condition known as enteroptosis, which means that the stomach, intestines, very often the kidneys, and sometimes the liver, are dragged downward and remain permanently out of their proper position, is not generally known. Such, however, is the case; and this condition more than any other cause is responsible for the constipation, backache, debility, biliousness, early loss of complexion, headache, and that long list of ailments of which so many women in all civilized countries are victims. Those who have vigorous constitutions, strong nervous systems, and who keep the body in a healthy tone by leading out-of-door lives and avoid the common habits of worry and petulance, may live with moderate comfort even though suffering from the enteroptosis made necessary and permanent by the methods of dress. But the greater proportion of women lack these sturdy qualities, and therefore suffer more or less from the symptoms described. Furthermore, this downward dragging of the abdominal organs leads to displacements and derangements of the pelvic organs, and the genito-urinary diseases so common in women are a natural result. In young children the intestines have not yet assumed that position which is normal in adult life,

and in some this lack of development makes a constant difficulty in evacuation of the bowels. By a slow process, and in the absence of interference, these matters in time right themselves; but not infrequently the child

is so handicapped through the want of out-of-door sports, adequate physical training, and proper methods of dress that the large intestine never assumes its proper place.

WHEN TO CHANGE UNDERWEAR.

This is the time of the year when many are changing from heavy to light underwear. Many times the question is asked: "Doctor, do you think it is too early to put on light underwear?" Most people, however, make the change without ever consulting the family physician. Some never change from heavier to lighter or lighter to heavier, which in many instances is a safer practice than to change suddenly in the spring.

Body temperature is regulated mostly by the nerve and blood supply of the skin. This heat regulator adapts itself to its surroundings. If the skin has been covered all winter by a warm under-garment, the heat radiation from the body has been increased, by having the blood out near the surface of the skin to cool.

The human system in this instance is depending upon the heavy garment to prevent the skin from being cooled too suddenly.

If, however, when this temperature outside of the body is still much lower than the body temperature, you take away this equalizer of temperatures, to which your body has been accustomed for months, there is danger that the skin cannot adapt itself quickly enough to the lighter cloth-

ing, with the result that the blood in the skin will become cooled too suddenly, thereby lowering the body temperature. This subnormal body temperature lowers the resistance against infection.

At the same time nature tries to consume as much heat as possible by having the blood rush inward away from the skin. This blood from the skin goes to the mucous membrane of the respiratory and alimentary tract. The victim then knows that he caught cold, because this congested mucous membrane secretes more mucous and also feels congested. These colds may vary from a slight congestion of the nose to a congestion of the lungs.

However, be they mild or severe, they ought to be avoided if possible. This can be done by wearing the same weight under-garments all year, where the winters are not too severe, or where it is necessary to wear heavy underwear in winter, it should not be replaced by light underwear until the temperature is not as low and variable as it is in the spring. In this climate winter underwear should not be discarded before May, and it is still better to wait until June.

The Effect of Eye-Strain on Nutrition.

It has long been recognized that the continued use of the eyes in all manner of fine work, often in imperfect or wrongly directed light, is a fruitful source of headaches and various expressions of nervousness, but that the appetite and digestion are also made to suffer are facts that are too little recognized.

Whoever carefully looks into this matter will find really that nutrition first shows the result of nerve-strain, no matter from what source arising; and, as a rule, some peculiarity of the primary digestion gives the earliest intimation of the trouble. For instance, there may develop a distaste for certain substances in the dietary; the appetite may become capricious or perverted. Again, a disturbance in motion will arise, and the stomach may contract in a spasmodic, tremulous, or irregular way, while the individual is conscious of disagreeable and sometimes alarming sensations, accompanied by eructations of gas or fluid from the stomach. Or the gastric juice may be secreted irregularly, and in many instances a long chain of dyspeptic symptoms appear without any real disease of the stomach, but merely a disturbance of the nervous system occasioned by improper habits of life. In a certain sense the stomach is acting in the role of monitor; but if we are sufficiently wise it may often be regarded as that of the kind mentor. This most common experience may be avoided sometimes by removing the strain to the nervous

system, and again by strengthening it by exercise, bathing, recreation, and more hours for sleep and repose. Eye-strain may be lessened or obviated by the wearing of spectacles that are made accurately and adjusted precisely; or by attending to the direction in which light enters the room, or perhaps by prohibiting the use of books printed with small or illegible type. Observance of these precautions may render it unnecessary for the individual to give special attention to his diet; but it is the usual custom at first for the stomach to be considered the source of trouble. As the disagreeable digestive experiences are attributed to the stomach the fault is commonly supposed to lie in the character of the food, and wise-acres take the responsibility of advising the withdrawal of sugar, fats, or meats, and the abundant taking of oatmeal, grits, and beef-tea, a dietary most likely to undermine resisting power and in the end do infinite harm. For similar relief resort is sometimes had to a milk diet or to abstinence from food, because it is found that the stomach is more comfortable when it has little to do. But this erroneous course will ultimately fail; it is wiser, when possible, to remove the cause of difficulty. When it is impracticable to remove the source of worry it becomes necessary to modify the diet, and it is a compromise of this sort that unfortunately we must sometimes make.—Exchange.

It IS TIME TO SWAT FLIES.

PRESERVATION OF TEETH.

FROM "PERSONAL HYGIENE."

The preservation of the teeth resolves itself into a few simple principles; namely, the prevention of overcrowding, the avoidance of chemical or mechanical injury to the teeth and gums, the careful and frequent cleansing of all the exposed surfaces of the teeth, and the use of such harmless antiseptics as will prevent the long continuance of pathogenic bacteria in the mouth. The most easily available means of protection lies in the proper cleansing of the teeth. For this purpose the frequent use of the tooth-brush is indispensable. The ordinary bristle brush has been opposed on the ground that it is too hard and is liable to injure the gums, particularly when stray bristles are thrust into the soft parts around the teeth. Brushes of badger's hair, or felt, and of various other substitutes, have been recommended. Most of these contrivances, however, are lacking in the essential resistance and elasticity so important in the thorough dislodgement of foreign matter. The bristle brush in which the bristles are not too closely placed together, thus admitting of their passage between the teeth, is the most practical instrument. Great care should be taken not to allow the bristles to spread, and the brush should be discarded before it is soft or ragged from long use. The brush should not be too broad, and the handle should be bent in the direction of the tuft on the brush so as to admit more easily the reaching of

the various curved surfaces of the teeth. The brushing should be practiced after each meal and before going to bed, and once daily should be accompanied by the use of tooth powder sufficiently coarse to produce some grinding and polishing effect. A powder that is too soft or too fine is of little avail. Powdered chalk and orris root are common bases for tooth powder. Some harmless antiseptic, such as borax, oil of wintergreen, or tincture of myrrh, should be incorporated with the powder to help destroy any colonies of bacteria that may be reached. Twice each week all the exposed surfaces of the teeth should be carefully gone over, and, with the assistance of the tooth powder, carefully rubbed with a narrow chisel-like piece of wood that is hard and finely grained in texture, such as orange-wood, so as to smooth away all the roughness and inequalities. This puts a smooth polish on the teeth and renders their subsequent cleansing by means of the tooth brush a comparatively simple matter. If this rule were applied in the care of children's teeth, the work of the dentists would be greatly restricted. Of equal importance is the daily use of soft, silk twine, known as dental floss. It should be drawn between the teeth firmly but carefully, so as to remove foreign matter that cannot be reached in other ways. It is important not to cut or irritate the gums or loosen their attachments to the teeth. A little experience enables one

to accomplish the work deftly and quickly. In the neglect of this practice the teeth can hardly be said to have been cleaned. In addition to these methods, the mouth and teeth should be carefully rinsed every night with some innocuous antiseptic solution. Some of the most harmless antiseptics are powerful germicides, and should be employed to the exclusion of others that may do injury to the general health of the individual as well as to the teeth. Tincture of orris, rose-water, and alcohol in equal parts, flavored with a drop of oil of bitter almond, make a very

agreeable mouth-wash, and it may be rendered more actively antiseptic by the addition of 0.5 per cent of formalin.

The importance of the teeth in digestion is not sufficiently recognized. Many cases of chronic indigestion arise from imperfect mastication due to faulty dentition. In all such cases it is of primary importance to have decayed teeth filled, or if there are many missing teeth they should be replaced by artificial ones. Otherwise medication and dietary regulation may be of little avail.

DRINKING WATER.

Most people leading sedentary lives take too little water, and also err in taking it for the most part when eating. A certain amount of water always should form a part of every meal, and particularly is it necessary in those who have very active digestion. It assists the escape from the stomach of those substances made soluble by the action of the gastric juice and the churning effect of the stomach, and will sometimes make digestion comfortable when it otherwise would be attended with distress. But while it is allowable for water to be taken with meals, it again should be repeated that the food should not be washed down. Such a practice not only interferes with starch digestion, but it also enables the individual to swallow morsels of food altogether too large and resisting for the stomach to manage comfortably. The proper time for taking the bulk of the fluid is between meals, particularly early in the morning and

late at night. It is a fact well known to physicians that women especially drink too little water; the habit probably results from the inconvenience attending the taking of the proper amount. While a person may be saved some embarrassment by this kind of denial, positive harm usually results from the continuance of the practice. The American habit of drinking ice water has been much censured. It is unnatural, and in some instances harm may be traced directly to it. In many no injurious effect appears to follow its use. This must be said in its favor, that those who enjoy cold drinks are likely to take sufficient water, which is not true of the ordinary individual.

Harm comes from the practice of drinking hot water in the false belief that it prevents or cures dyspepsia. Doubtless hot water has its place, and it is to be recommended rather as a remedy than as a daily usage.

—Exchange.

THE HYGIENE OF INFANCY.

ARTIFICIAL FEEDING.

BY WALTER L. PYLE, M. D.

The best substitute for mother's milk is cow's milk. This should be pure, from healthy, well-kept cows, preferably mixed-herd milk obtained under absolutely sanitary conditions.

A good artificial human milk is that proposed by Dr. Meigs:

Milk	1 part
Cream (by skimming: 16 per cent. fat).....	2 parts
Lime water	2 parts
Sugar water (17¾ drams of milk-sugar dissolved in 1 pint of water).....	3 parts

The preparation of the food is of prime importance. The amount for the day should be made up at one time, as soon as the milk and cream arrive. The amounts of the various ingredients best suited to the baby will be given by the physician.

The mother should have a pint or quart measuring-glass, and also scales registering in half ounces.

If there is any question as to the cleanliness of the milk, pasteurization should be employed, heating the milk to 155°-167° F. The pail is partly filled with water, heated to boiling, and then removed from the stove. The thoroughly clean bottles, filled with the milk-mixture and plugged with raw cotton, are placed in the rack, the cover applied, and the pail allowed to stand for forty-five minutes. Then water from a faucet is turned into the pail to cool the bottles, which are then put on ice.

The bottle used in the pasteurizer is used as the nursing-bottle. When

the prepared milk in this bottle is to be given to the baby, the cotton plug is removed and a rubber nipple adjusted. Then the bottle is placed in a cup of water which is heated until the milk is from 95°-100° F.

To heat the milk quickly, as at night, a good device is a cylindrical tin vessel 3 inches in diameter, and high enough to cover the bottle up to its neck with water. It has a perforated false bottom on which the bottle rests.

While feeding the baby it is well occasionally to withdraw the nipple from the mouth to permit air to enter the bottle, thereby giving it a little rest and preventing collapse of the rubber. After the meal, which consumes about ten or more minutes, the bottle should be withdrawn at once and emptied.

Pacifiers should never be given the baby, for if frequently used they lead to deformity of the jaws, and they are disease-breeders. The rubber nipple, often given it to keep it quiet, is harmful in that it sucks in air. The only pacifier permissible is a nursing-bottle filled with lukewarm, slightly cool boiled water.

It is imperative that all feeding-utensils be kept scrupulously clean. Directly subsequent to nursing, the bottle should be thoroughly washed with soap and warm water and scrubbed with a brush. The nipple also should be scrubbed inside with a sterile gauze by inverting it. Then both should be boiled for ten minutes.

The bottle-brush must be thoroughly cleansed after use. It is well to keep the nipple in a solution of boric acid in a covered dish until it is used again.

If one of the foods on the market be advisable by reason of some peculiarity of the baby, the physician is the one to make the selection.

It is advisable to use no other food than milk until the child is one year old, except some orange-juice once a day, given at least one hour before or after the bottle. Starch is especially deleterious, as even after the age of four months the child's power of digesting it is markedly limited. If the baby is delicate, however, the diet may be increased by medical advice. When the baby is a year old he may begin to take from a spoon, eggs, beef-juice, and a small amount of starchy food.

Until one and a half years the meals should consist of:

(1) Breakfast (6-7 A. M.): (a) stale bread soaked in a glass of milk;

(b) porridge, cooked for two hours at least, of oatmeal, hominy, or wheaten grits, etc.; (c) bread, broken into a soft-boiled or a poached egg, and a glass of milk.

(2) At 10 A. M. a glass of milk.

(3) Dinner (1:30-2 P. M.): a glass of milk; also (a) soft-boiled egg and thinly buttered stale bread; (b) bread or rice or grits, moistened with gravy (no fat), beef-tea, beef-juice; also a little junket or rice-sago or tapioca pudding.

(4) At 5 P. M. a glass of milk, perhaps with bread.

(5) At 9 or 10 P. M. a glass of milk.

At the age of two years the diet is slightly increased. The baby is allowed boiled rice or mashed baked potatoes, or mutton or chicken broth, or minced white meat of chicken, turkey, fish, or minced rare roast beef, beefsteak, mutton or lamb. After this age there is a further increase by the addition of solid meat food and fresh or stewed fruits in moderate amount.

Baby Boarding System of Milwaukee To be Made a Model.

The Child Hygiene Bureau of the Health Department, in co-operation with the Juvenile Protective Association, is planning to enlarge and perfect the baby boarding system of Milwaukee. Each year many children who cannot be cared for in their own parental homes must be boarded in private boarding homes or in institutions. This year the number has been largely increased, because the influenza epidemic has made many children orphans and half-orphans

who cannot be cared for in their own homes. The institutions are already over-crowded and provisions must be made for boarding more of these children in private homes. Even the institution people admit that a child is far better off living in a private home than in the best institutions. Many good women of the city take these children into their homes to board, mothering and caring for them until permanent provision can be made for them. The board for the

children is paid by the parents, guardians or an organization. The law provides that all baby boarding homes must be supervised, and hence licensed by the Board of Health; there is no charge for the licenses.

The nurses of the Health Department supervise the children in these boarding homes, in order to insure for them the best possible care.

The Health Department needs more good baby boarding homes, so any women who would like to take children into their homes to board may make application to the Child Hygiene Bureau of the Health Department, City Hall, telephone Broadway 3715, for a license. Any parent

or guardian having a child whom they wish to board may make application at the Juvenile Protective Association, room 606, 432 Broadway, telephone Broadway 3356.

The plan is to prevent the boarding of children where arrangements can be made to keep the child in its own home. No boarding home should accept a child unless it is accompanied by a Health Department permit, authorizing the parent or guardian to place it in a boarding home. The Health Department is determined to give first consideration to the rights of the child. The rights of the parents and boarding homes will have to be given second consideration.

PATENT MEDICINES

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

In advising people to let patent medicines alone we do not always mean to imply that patent medicines have no merit whatever, because there is scarcely anything under the sun that isn't good for something. We object to the use of patent medicines mostly because their exaggerated claims entice people to use them, who are not sick at all, or who are too sick to be losing valuable time by experimenting with some patent medicine, that may make their condition worse. As an example, a man with Bright's Disease may not feel well. He is induced to try some patent medicine that contains a large percentage of alcohol. The alcohol will irritate his kidneys and cause them to become more inflamed. As a result, his kidneys will be less able to do their work, and he is in danger of

falling into a uraemic coma, from which he will never awaken.

All patent medicines may be good for something, but none are good for everything, for everybody and for every time, as they nearly all claim. If someone bottled some of our Lake Michigan water, called it by some fancy name, we are certain that many wonderful testimonials could be obtained, from mentally cured patients, especially if our drinking water had some of its former carboic acid taste and odor.

Another fact for patent medicine addicts to realize is that drugs, if given in improper doses and at improper times, may cause illness and even death. Any drug, to be of much value in the combatting of disease must be given in a large enough dose to have a physiological effect, and a

small enough dose not to have a pathological effect. This dosage can only be determined by someone who has studied the patient as well as the drug, namely a Doctor of Medicine. We will admit that most patent medicine vendors do not put enough active drugs in their concoctions to kill anyone, even if the entire bottle were taken at one dose, although one might become intoxicated. If you must die, the patent medicine man would rather have you die because you got too little of his stuff instead of too much.

Selecting at random a few advertisements appearing in our local papers, we offer herewith some safety first opinions with regard to the same.

An advertisement under the headlines: "Thin people need Bitro-Phosphate" ends as follows:

"Caution: — Although Bitro-Phosphate is unsurpassed for relieving nervousness, sleeplessness and general weakness, owing to its remarkable flesh growing properties, it should not be used by anyone who does not desire to put on flesh."

Here is a concern actually honest enough to admit that their stuff will make thin people fat, but not fat people thin. Bitro-Phosphate would be in much greater demand if thin people could take it, feeling that if they got too fat, they could get thin again by taking more Bitro-Phosphate.

Our advice is just the reverse of what the Bitro-Phosphate people give you. If you are thin, do not take Bitro-Phosphate, but go to a doctor and find out why you are thin. You may have beginning tuberculosis. If you are stout you are probably well and may more safely experiment with Bitro-Phosphate.

Next we read: "Doctors Stand

Amazed at Power of Bon-Opto to Make Weak Eyes Strong, According to Dr. Lewis. Guaranteed to Strengthen the Eyesight 50% in One Week's Time in Many Instances." Further down in the advertisement we read:

"If your eyes bother you even a little it is your duty to take steps to save them now before it is too late. Many hopelessly blind might have saved their sight if they had cared for their eyes in time."

We agree with this statement. The only difference is that the advertiser wants you to stake your eyesight on Bon-Opto, while we urge you to consult an eye specialist when your eyes bother you.

Most of the advertised medicines appeal to the blind, but we hope also to increase their eyesight at least 50 per cent by exposing the Bum-Hopto cures.

Next we find the much advertised Benetol. This preparation, according to "Nostrums and Quackery," published by the American Medical Association in 1912, page 584, "is a simple solution of the well known substance alpa-naphthol in the still better known substances, glycerin, soap and water."

Prof. H. C. Carel, who is given credit for discovering this mixture of well known substances, severed his relation with the University of Minnesota several years ago when he exploited "Hygenol," a hair restorer. Any professor who can cure baldness has our admiration, because that is more than we can do.

However, when it comes to antiseptics, germicides and the like, we would much rather rely upon our old remedies than to experiment with the so-called new discovery Benetol.



PUBLIC HEALTH CLIPPINGS

FACTORY CONDITIONS AND
TUBERCULOSIS.

Using pre-war statistics and personal observations of factory conditions, Professor Moore has written a very excellent article showing the effect of urban employment upon the incidence of pulmonary tuberculosis. The need for a National Industrial Health Service is effectively argued, setting forth a constructive program, calling for 1,500 full-time physicians to carry out the plan of action. The big outstanding feature of this article, and a powerful argument in favor of the above services, is that city males in the working age period (25-65) have a death rate from tuberculosis double that of city females and rural females and males in the same age period. Professor Moore believes that working conditions and lack of adequate medical supervision are responsible for this condition. His statements are supported by four charts illustrating contrasts in death rates in different age periods and in urban and rural districts.—Benjamin Moore, *Lancet* (London), Nov. 9, 1918, p. 618. (P. M. H.)

COMPARATIVE CASUALTIES OF
WAR AND INDUSTRY

An interesting comparison of war and industry was that the army of three million Pennsylvania workers suffered 577,053 casualties during the two and one-half years period ending July 1, 1918, with 7,575 fatalities, which is greater than the entire army that Canada and Pennsylvania has

sent against Germany. One report was that out of every thousand cases of disability in industry, 547 are cases of disease and 453 are cases of wounds and injuries. Interesting comparisons are also made covering amputations, blindness, and extreme mutilations. This bulletin is also devoted to a discussion of occupations for the disabled.—The Bulletin, Pennsylvania Department of Labor and Industry, Vol. V, No. 2, 1918, pp. 121-124.

Good health—good active, aggressive health—is the most important thing in the world. * * * Good health is the most important thing in the world, not only for its own sake, but for the larger reason that the full and complete measure of the success of every human enterprise depends upon the quality endurance of the good health that supports it. The measure of your success depends upon the sort of health that backs up your enterprise, whether it be mental, moral or physical.—Dr. Thomas A. Storey in "How to Live."

Disease germs and the foulest atmosphere, like the rest of nature, are no respectors of persons or places, and it is only when our sanitation becomes world-wide, and cleans up all the foul disease-producing spots of earth that it will attain its highest efficiency.—Michigan Public Health.

If we want to Americanize our foreign population, we must give them American houses to live in.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.

Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:

Tuberculosis Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

CHILD WELFARE.

Third Ward School.....	Jackson and Detroit Sts.
Thursday mornings, 9 A. M. to 10 A. M.	
Forest Tome Ave. School.....	Tenth and Forest Home Ave.
Wednesday mornings, 9 A. M. to 10 A. M.	
Fifth Avenue School.....	Fifth and Hayes Ave.
Friday mornings, 9 A. M. to 10 A. M.	
Abraham Lincoln House.....	Ninth and Sherman Sts.
Wednesday afternoon, 1:30 P. M. to 3 P. M.	
Weil St. School.....	Weil and Lee Sts.
Thursday afternoons, 2:00 P. M. to 3:00 P. M.	
St. Hedwig's School.....	Brady and Racine Sts.
Friday afternoon, 3:00 P. M. to 4:00 P. M.	

TUBERCULOSIS.

Eighth Floor, City Hall:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

South Side Dispensary—Woolworth Building, Fifth Avenue and Mitchell Street:

Thursday evening, from 7 to 9 o'clock, for children.

North Side Dispensary—Fourth Street and Reservoir Avenue:

Wednesday morning, from 10 to 12 o'clock.

Service at these clinics is rendered without charge and any person may visit the clinics and consult with the physicians in charge.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 60.

Visiting Hours, 2:30 to 4 P. M.

GREENFIELD PREVENTORIUM FOR CHILDREN.

Telephone, Wauwatosa 181.

Visiting Hours, Sunday, 3 to 5 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HOW TO LIVE.

LESSON IV.



EXERCISE.

Life is motion; inactivity means death; don't be a dead one.

Good health requires exercise; exercise stimulates circulation, respiration, and the activity of the digestive system—the great trinity for life and health.

The brain worker and people of sedentary habits are especially in need of daily physical exercise.

Exercise should be taken regularly, systematically, and in moderation.

Exercise should take in every group of muscles in the body—the setting-up exercises of the Army are excellent for this purpose.

Exercise in the open whenever possible; walking, skating and swimming are among the best of out-of-door exercise.

Do not exercise immediately before or immediately following a meal.

Let your exercise be a pleasure, and pleasure exercise.

EXERCISE FOR FIVE MINUTES EACH MORNING UPON GETTING UP, WITH WINDOWS WIDE OPEN AND UNHAMPERED BY CLOTHING.

Milwaukee Health Department.

Ordinance You Ought to Know.

GARBAGE BOXES.

Section 863. (As amended, Ord. 41, May 10, 1915.)
All garbage boxes or cans hereafter to be provided in the city of Milwaukee shall be metal or metal lined and water-tight, with a fly-tight and water-tight metal cover, and shall have a capacity of at least ten gallons for each family, resident upon the premises; provided that wooden receptacles of similar capacity, that are water-tight and are provided with a water-tight cover, may be used during the months beginning December 1 and ending March 1.

Garbage boxes or cans must be provided by the owner of the property in every case where more than one family only is resident upon the premises. Garbage boxes or cans shall be placed at a point on the premises most accessible to the person collecting the garbage and offal.

The word "premises" as used in this section, shall mean a parcel of land, whether composed of one or more city lots, upon which any building or group of buildings is located, and it shall expressly apply when more than one building is located upon a lot or lots under a single ownership or management.

For Garbage Collection call:

Complaint Clerk, Dept. Public Works,
Broadway 3715.

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LIBRARY OF THE

JUN 11 1942

UNIVERSITY OF ILLINOIS

◆=====Bulletin=====◆

of the Milwaukee

Health Department

*Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.*

MAY 1919.

Vol. 9, No. 5.

SANITATION Is Simply
CLEANLINESS.

U. S. P. H. S.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE E. ADAMS,
Vital Statistics.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. T. THOMSON, M. D.,
Sanitation.

C. D. PARTRIGDE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

MAXINE BIEBESHEIMER, R. N., Supervisor of Nurses.

ORDINANCES YOU OUGHT TO KNOW.

Throwing Filth, Rubbish or Nauseous Substances on Streets, etc.

Section 865. It is hereby made unlawful for any person, firm, or corporation, or for any officer, member, agent, servant or employe of any firm or corporation to place, throw or leave any slops, dirty water or other liquid of offensive smell, or otherwise nauseous or unwholesome, or any dead carcass, carrion, meat, fish, entrails, manure or other nauseous or unwholesome matter or substance, or any rubbish, ashes, paper, dirt, stones, bricks, manure, tin cans, boxes, barrels, or other substances whatsoever, or to circulate or distribute any circular, hand bills, cards, posters, dodgers or other printed or advertising matter, in or upon any sidewalk, street, alley, wharf, boat landing, dock or other public place, park or ground, within the city of Milwaukee.

Receptacles for Ashes, Rubbish, etc.

Section 866. It shall likewise be unlawful for any person, firm or cor-

poration, or for any officer, member, agent, servant or employe of any firm or corporation, to place, deposit, throw, keep, permit or maintain any rubbish, ashes, paper or manure in or upon any lot, yard, block or enclosure within the city of Milwaukee, unless the same shall be securely enclosed and safely covered in a box, bin, can or barrel.

Sweeping Sidewalks Without Sprinkling.

Section 1293. It is hereby made unlawful for any person to clean or sweep any sidewalk on a business street, unless it shall have been first sprinkled with water sufficient to avoid the raising of dust while being cleaned or washed, excepting at such times as when such sprinkling would be impossible on account of frost.

It shall be unlawful for any person to sweep carpets, rugs or mats, or to deposit rubbish, dirt or dust on any sidewalk.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

MAY 1919

THE CLEAN-UP CAMPAIGN.

By George C. Ruhland, M.D., Commissioner of Health.

The week of May 19th to 25th has been designated for this year's annual clean-up campaign.

So far as personal cleanliness is concerned, it may be safely stated that his majesty, the American Citizen, is among the cleanest of the clean.

While there are no statistics available to prove this assertion it seems, nevertheless, inferentially justified, for the people of no other nation use water so extravagantly as we do, nor can they boast of such general installations of bath facilities in private home or public hotel as can the American.

It is rather difficult under the circumstances to accept the fact that despite so much apparent appreciation of external cleanliness, we continue rather indifferently so far as the external appearance and cleanliness of our cities is concerned.

The approaches into most of our American cities through back yard districts that add to the unsightliness of hideous billboards, dilapidated fences and buildings, the offense of stench from waste products and refuse, are notoriously disillusioning.

Nor are the bad first impressions much improved when even in our best thoroughfares and business streets promiscuous spitting on sidewalks and the litter of waste paper cause no comment.

The truth of the matter is that though we insist upon cleanliness and the nicety of things within our homes, we seem to care but little what happens outside of them.

This is a very unfortunate attitude which should be corrected. While it is true that appearances may be deceiving, yet first impressions are apt to prove lasting or at least profoundly prejudicial.

Today, while the eyes of practically the entire world are upon us, it behooves the American citizen to set a good example. If the American idea is to represent the ideal in life, let this ideal include cleanliness, not only of methods and personal habits, but also in community life.

Let us teach the American ideal by demonstrating it and living it. Let us demonstrate that it means cleanliness in all matters and things.

The home that is kept clean and free from rubbish not only will mean better health for its occupants, greater freedom from fire hazards, but it will also add to the moral tone of its tenants.

What is true of individual homes is even more true of the city. Clean streets, and homes that are in good repair, and business and factory kept spick and span, will go a long way in making for a healthier, safer, wealthier community, and elevate the moral tone of citizenship.

Let everybody get busy and help make Milwaukee a cleaner, safer and more attractive city.

Get rid of all rubbish. Clean, scrub and paint the house inside and

out. Clean up back yard and front yard. Fix up the garden. Plant flowers. Set a good example for your neighbor.

Boost the clean-up campaign.

CLASSIFICATION OF SCHOOL CHILDREN ACCORDING TO MENTAL AGE.

By *John P. Koehler, M.D.*, Deputy Commissioner of Health.

When a child enters school, almost the first question asked is: "How old are you?" Where the law requires a certain age before one can vote, such a question is important, but we believe that its importance is overestimated in the classification of school children.

Whether a child was born in 1913 or 1914 should not be the deciding factor in determining whether the child should be placed in the Kindergarten or First Grade. Classification according to birthdays is the quickest way to dispose of children when they first enter school, but not the most accurate way. School work is carried on by the mind and not by the age of the pupil. Just as children of five years differ physically, so they differ mentally. If they were to do physical work, they would be classified according to their physical measurements. Since they are to do mental work, they should be classified according to their mental measurements.

When a child enters school its mental age should be determined by applying the Binet tests or modification thereof. These examinations should be made by an experienced mental analyst. If a child's mental age is behind its chronological age, the examiner should ascertain the

cause of retardation. The child may have some physical defects, such as poor eyesight or poor hearing, that have interfered with normal mental development.

Home environment must be given consideration. A child with good home surroundings and educated parents, has a distinct advantage in passing the Binet tests, over the child that has very little opportunity to learn at home. Heredity also plays an important part in the mental development of a child and therefore ought to be considered before deciding on the present as well as future mental capacity of a child.

These mental examinations of children ought not to be made only when a child first enters school, but should be made every two or three years in order to be accurate. A child may be mentally retarded at five years and be normal at seven or eight years, or it may be normal at five years and retarded at seven or eight.

If the teacher has before her the mental age of every pupil she will more intelligently know what to expect from each child.

Jim may be a big boy and if size counted, ought to head this class. But school work is done by the mind and not the body. Jim, mentally, is the smallest child in his class.

Therefore, the teacher must expect him to be last instead of first.

Mary is the oldest, chronologically, in her class, but mentally, she is the youngest. Since school work requires mind and not years, Mary cannot be expected to keep up with her class, just because she is older in years.

In the past, teachers have based their demands entirely too much on the size and chronological age of the school child. As a result of this, they have discouraged children that deserved encouragement. They have

been impatient where they should have been patient.

It is no wonder that children who couldn't wait until they were old enough to go to school, in time became so discouraged that they couldn't wait until they were old enough to leave school to go to work. It is no wonder that it is now necessary to have a "Back to School Drive."

Unless the teachers give children mentally retarded a square deal, they will drive them out of school much faster than any power can drive them back.

FATIGUE AND EFFICIENCY.

With the end of the war the problems of industry press for solution more earnestly than ever, and one of the most timely of these problems concerns the physiological aspects of the work of the human machine. Upon us in America, where industry is destined to lead the world, there is imposed a grave duty—that of directing investigation along such lines that empiricism and tradition, those two obstacles to progress which have long been potent in industrial evolution, shall be cast out and industry shall be placed permanently upon a scientific basis.

Under the title of *Industrial Physiology*, Frederic S. Lee, Ph. D., Professor of Physiology in Columbia University, and Chairman of the Committee on Fatigue in Industrial Pursuits of the National Research Council, presents a most interesting study of the influences of fatigue on efficiency. Carefully measuring the output of successive hours of the working day in different types of operations and

plotting the daily curves of the output, his studies show a reduced efficiency as the day proceeds in the various kinds of pursuits studied, due to the fatigue influence. His conclusions must be of greatest interest to the employer of labor as to labor itself. The report continues:

Reduction in the length of the working day is characterized by an increase in the output of the successive hours and usually by a total increase in that of the day. The optimum duration of work probably varies with the character of the work itself.

The introduction of resting periods in the working spell is accompanied, especially where the working day is long, by a total increase in the day's production. A five-hour working spell, unbroken by resting periods, is probably always too long.

Overtime following a day of labor is inadvisable, as is also Sunday work following a week's labor. These tend to impair the working power of the worker.

A hot day tends to impair strength and reduce output. Every effort should be made to keep the body of the worker cool.

Night work is, in general, less efficient than day work. Its total output is less, and this, with a long working night, falls off enormously in the early morning hours. Alternation of periods of night work with periods of day work is more profitable than continuous night work.

Women are capable of performing a much greater variety of industrial operations than has heretofore been recognized. They should not be employed for night work. Statistics show that they are absent from their work more frequently than men. The problem of women as compared with men in industry is not that of their greater or less general efficiency, but rather a problem of what types of work each sex is best fitted for.

Accidents to workers are a grave source of inefficiency. They are caused by fatigue, inexperience, speed of working, insufficient lighting, high temperature, and other factors. Many industrial accidents are preventable, and adequate provisions for first aid measures tend to diminish the seriousness of accidents.

Food and efficiency are directly connected with one another, and suitable and adequate food can probably be best provided through the establishment of industrial canteens.

A high labor turnover is incompatible with the highest degree of efficiency. It is expensive, in that it imposes upon the employer the necessity of training new workers, and it is a serious factor in the causation of accidents.

Physiological analyses of certain operations have been made, by means

of the cinematograph and other methods, and it has been found possible to eliminate unnecessary motions and to train workers so as to secure a more regular rhythm, such measures increasing efficiency.

The self-limitation of work on the part of workers has been studied and found to be very common. Every legitimate effort should be employed by foremen and managers to eliminate this and to induce workers to work up to their physiological capacity. Driving workers beyond their physiological capacity defeats its own ends.

"A MAN'S A MAN FOR A' THAT."

Do you think of your Italian acquaintance as a "Dago?" Marconi is of the same race. Do you refer to your Polish neighbor as a "Polak?" Paderewski is a Pole. Are your Scandinavian fellow-workers "square-heads" in your mind? The inventor of dynamite and the armored battleship were men of that stock. And this argument applies to every race that has found a home in America. It is wrong thinking to use slurring names, even in your mind, about the men of another race. Think straight, and judge a man by his character, not by his birthplace.

The way you meet and greet a fellow worker can make a friend or enemy of him. You know that. But do you know that if he is a foreigner it can do more? It can make him more friendly to America, or it can make him more hostile to America. Why? Because the foreigner must judge America mainly by the Americans he meets and the way they greet him. Put a smile in your voice. Don't make "good morning" sound like "bad 'cess to you."—Exchange.

OBSTACLES TO HYGIENE.

From "*How to Live.*"

It is not enough that the individual should know how to live. Knowledge is of no avail without practice. Mr. Moody, the evangelist, once said of religious conversion, "Merely to know is not to be converted. I once boarded a train going in the wrong direction. Some one told me my mistake. I then had knowledge, but I did not have conversion until I acted on that knowledge — seized my traveling-bag, got off that train, and boarded one going in the opposite direction." Many people are on the wrong train in hygiene, as in religion, and know it. They are traveling fast to that kind of perdition which in the end unhygienic living always brings. In fact, a great many people practice unhygienic habits more through indifference than through ignorance. Most people have acquired, by imitation of their neighbors, a great number of unhygienic habits and have continued in these habits for so many years, that they can not get rid of them, except through a great effort of will. This effort they are usually unable or unwilling to put forth unless very strong incentives are brought to bear. Often—in fact, if the truth were known, usually—they wait until ill health supplies the incentive. The man who is most receptive on the subject of health conservation, is, in the majority of cases, the man who has just had some ominous warning of coming ill health; although there is now a small but increasing number who do not wait so long, men

who pride themselves on keeping "in the pink of condition." These are the men who are rewarded for their efforts by enjoying the highest reaches of working-power.

The ordinary man, in ordinary good health, does not want or thinks he does not want to live hygienically. He sees all sorts of imaginary objections to adopting a hygienic life, and closes his eyes to its real and great advantages. One of the objections often trumped up is that the practice of hygiene costs too much—that it can only be a luxury of the rich. It is quite true that here, as elsewhere in human life, wealth confers great advantages. The death-rate among the rich is always less than that among the poor. And yet the rich have unhygienic temptations of their own, while the poor, on their part, are far from living up to their opportunities.

There are really only two material disadvantages from which the poor suffer in their opportunities to live a healthy life: One is unhygienic housing, both at home and at work; the other is unhygienic toil. It must be admitted that millions of unfortunates are unable individually to remedy these disadvantages in their lot of life. Yet they can, even in these two respects, accomplish much if they take an intelligent interest in hygiene. The graduates of tuberculosis sanatoria are largely among the poor and they are doing much good missionary work in securing better ventilation, both in the home and in

the workroom. They find this possible partly by insisting on more open windows in home and workshops, partly by changing their home to one better equipped with windows or situated in the suburbs instead of in the city, partly by changing their occupations, partly by getting the co-operation of their employer or simply by co-operating with him when he is ready to do his part. The workman can also accomplish something

through the Trades Unions, especially in regard to hours of work. Employers will increasingly co-operate in this movement, as they come to realize that the securing of efficiency in their workmen is to their interest, and that monotony, long hours, and other unhygienic elements which are now, through sheer carelessness, often imposed on their workmen, bring back in the end big financial losses on themselves.

NEW CURE FOR TUBERCULOSIS.

By John P. Koehler, M.D., Deputy Commissioner of Health.

There are about as many tuberculosis "cures" on the market as there are tuberculosis cases. Although not a specialist on tuberculosis cases, I consider myself a specialist on so-called tuberculosis cures, especially the patent medicine kind. I have studied them all. I am calling my cure a new cure because most people still consider tuberculosis incurable and any treatment pretending to cure is new to them. The next best thing to not having tuberculosis at all, is to discover it early when you have it. The surest cure for tuberculosis is an early diagnosis.

Years ago tuberculosis was considered incurable because a positive diagnosis was only made a few days before the patient died, or on post-mortem examination.

A patient with symptoms of appendicitis is seen two or three times a day by the physician in order to lose

no time if the removal of the appendix becomes necessary. If the physician on his first visit would have said: "It looks a little like appendicitis, if you don't get along alright come in and see me some time," we would find that a neglected case of appendicitis is just as incurable as a neglected case of tuberculosis.

There are many diseases which are considered minor diseases by the laymen, yet which if not treated early are more dangerous than tuberculosis. Most of us have had tuberculosis some time or another, so that really very few people die of tuberculosis when we consider the number who have had it.

Don't be afraid to go to a physician when you don't feel right, because you fear that he might make a diagnosis of tuberculosis. Remember that an early diagnosis is a sure cure for tuberculosis.

WANTED: MORE NEIGHBORHOOD PARKS.

HOW TO REDUCE THE DEATH RATE OF BOTTLE-FED BABIES.

By *John P. Koehler, M.D.*, Deputy Commissioner of Health.

Statistics tell us that a bottle-fed baby has about one-fifth as much of a chance of living as a breast-fed baby. Statistics, however, showing the high death rate of bottle-fed babies, are of little value if nothing is done to reduce that death rate.

The first step to take is to make it easier for a mother to nurse her baby, and more difficult to put it on a bottle.

No baby under six months ought to be put on the bottle if its mother is able to nurse it. Whether a mother can nurse her baby or not ought to be decided by her physician and not by her friends or relatives.

A law should be passed which makes it a crime for a mother to put her baby on the bottle without the written permission of a physician.

Every physician should be informed by the health authorities that no child should be placed on the bottle for social or economic reasons, but only for medical reasons. No mother should be permitted to put her baby on the bottle to die because she must go out and work, to live. What helpeth it a mother if she gain the whole world and loseth her child? Every mother with a nursing baby should have a pension if she needs it.

Whenever a physician gives the mother a permit to place her baby on the bottle, it should be so reported by the physician to the Child Welfare Division of the Health Depart-

ment. This will always remind the physician that taking the baby from the breast is serious enough to require the attention of the Health Department. It will also keep us informed as to what physicians give the most bottle feeding permits.

When we are convinced that we, as child welfare workers, have done everything to keep the baby on the breast, we must see what can be done for the child on the bottle.

The mortality rate among bottle-fed babies is high, not because nothing can be found to replace mother's milk as a food, but because to replace it requires so much more work and intelligence than the average mother is able to give. A healthy baby put on the bottle and supervised by a physician who is interested enough in infant feeding to study at least the underlying principles, will usually live in spite of the bottle. When a baby is on the bottle it ought to be seen at least once a week by a physician or experienced nurse.

No permit should be given a mother to put her baby on the bottle, until definite arrangements are made to provide for the supervision of the child when on the bottle. A baby on the bottle without proper attention is more apt to die than one with scarlet fever or other contagious disease. In some homes the best infant feeding specialists cannot get results because there is no one in the home

intelligent enough to carry out his instructions. A baby in such a home has a poor chance of surviving unless it is seen daily by a nurse who makes up its feeding, or it is taken to some institution.

In conclusion we wish to recapitulate by singing our old refrain:

When you get ready to give us more money and better laws, we will be ready to give you fewer deaths and better babies.

CARE OF THE HAIR.

From "*Personal Hygiene.*"

A fine head of hair is a possession universally prized, and one which is frequently neglected by its owner as often through ignorance as through carelessness. In the preservation of the hair some persons have a great natural advantage over others. If there is an inherited tendency to baldness, as shown by a thin and poorly nourished scalp, there will be greater difficulty in perserving the hair than otherwise.

The scalp is comparable to the soil. Neither hair nor plants will grow luxuriantly if the quality is poor. A scalp which is favorable to the growth of hair is thick and pliable, and moves freely over the bones of the skull beneath. If the scalp is very thin, the blood-vessels contained will be few in number. If it is drawn tightly over the skull, it will tend to constrict the blood-vessels, lessen the supply of blood to the scalp, and cause atrophy of the roots of the hair from pressure. The two principal causes which bring about a premature thinning of the hair are a deficient circulation of the blood in the scalp and the constant presence of dandruff.

Dandruff is a collection of epithelial scales mixed with dried sebaceous matter, and it is the fore-

runner of premature baldness in a large percentage of cases. It will be present to a greater or less degree in many scalps unless it is constantly guarded against. It is highly important to keep the scalp perfectly clean and free from dandruff, and to attain this end daily brushing of the hair and frequent shampooing are necessary.

The hair should be brushed morning and night for several minutes until there is a feeling of warmth in the scalp and all particles of dandruff are removed. For an adult the brush should be a stiff one, with the little tufts of bristles widely separated to facilitate cleaning. For children and for those with very sensitive scalps, softer brushes must be used. Brushes should never be so stiff nor the brushing so vigorous as to produce any soreness of the scalp. Brushes should be frequently washed in water containing a little ammonia, and then dried in the sun with the bristles down.

Combs are chiefly useful for disentangling snarls and dressing the hair, and may be employed daily with the brush. The teeth of the comb should be wide apart, have blunt ends, and be free from any irregularities which might tear the

hair. In no case should the old-fashioned fine-toothed comb be used, as this pulls out the strong hairs, especially if the growth is luxuriant, and the fine points may produce disease of the scalp from irritation.

Many persons are morbidly afraid that any considerable amount of brushing and combing will cause a serious loss of hair. Its effect, however, is just the opposite and increases the growth of hair by stimu-

lating the circulation in the scalp and by removing dandruff. Brushing removes many loose hairs which are ready to fall, but their place will soon be taken by new and more vigorous ones. The groom knows by experience that the only way to keep the coat of his horse thick and glossy and in a healthy condition is to constantly use the currycomb and brush, and that he is not likely to use either too much.

PATENT MEDICINES

BY JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

This issue of the Bulletin is the "Clean-up" number. There is one place in almost every home that ought to be "cleaned up" or "cleaned out" at least once a year, and that is the family medicine cabinet.

So many families have a habit of saving medicines for future use, not only patent medicines, but also drugs prescribed by physicians. Some mothers are giving baby the same medicine that the five year old child took when it was a baby.

Most drugs will deteriorate with age and some will even become injurious.

One of the drugs found most frequently in the medicine cabinet is the much advertised Aspirin. This drug is an old friend of ours. We prescribe it almost every day, not by the patented name of aspirin but by the name of "acidi acetylo-salicylici". Aspirin ought to be used only under the direction of a physician. The Bayer people are advertising Aspirin in the daily papers as

though it were a food instead of a powerful drug.

Aspirin is used by many people for a headache. Headache is only a symptom. If the headache is due to indigestion the indigestion ought to be treated. Aspirin will not help the indigestion, but in most cases make it worse. The headache may be due to poor circulation. Aspirin will not improve the circulation, but on the contrary, in many cases will impair it.

The writer has seen cases where Aspirin had a very depressing effect on the heart. When you buy a box of five grain Aspirin tablets with enclosed directions, telling you to take from one to three tablets, we would make use of an old proverb, somewhat revised, and advise: When you take one tablet, pray once; when you take two, pray twice; but when you take three, pray three times. In other words, there is danger in the indiscriminate use of drugs, whether the drug be Aspirin, Tanlac, Nuxated Iron, arsenic or morphine.

A city that neglects the health of its citizens cannot blame parents for doing likewise with their children.

VENEREAL DISEASE AND PEACE.

The sacrifices of the world war have not been without some compensation. Not the least among these is an enlightened opinion which must now be lined up behind the organized campaign to protect the youth of this country from venereal disease. Four million soldiers and sailors have, under the protection of the military authorities, received greater protection than received in civil life. The signing of the armistice in no way lessens the responsibility of protecting these boys from prostitution and liquor. Our states and cities ought never to lose the control which has been established over our youth. These communities to which the discharged soldier or sailor will return must be made safe.

Before the war, the physician and public health officer knew the part played by venereal disease in the production of our blind, our mental defectives, our surgical cases in women, locomotor ataxia, paresis, miscarriage, etc. But the people generally did not know these things and there was no enlightened public opinion back of measures instituted to suppress the evils responsible for them. The reports of our draft boards and camp surgeons have, however, made these matters plain to the layman, and the time is ripe for the program being enacted by the U. S. Public Health Departments. Let the medical practitioner sense his responsibility to lend a whole-hearted support.

— *Wisconsin State Medical Journal.*

A JURY IN DRY HUMOR.

A physician in North Carolina sends us a large advertisement of "Paw Paw Tonic," from which we learn—in 24-point black face capitals—that the "tonic" contains "no alcohol." One gathers from the less prominently featured parts of the advertisement that the preparation does, however, contain port wine! This, in a way, prepares one for the newspaper item which the same correspondent sent in forty-eight hours later, detailing the conviction of a Charlotte, N. C., druggist of selling this non-alcoholic "tonic" to young men, who oddly enough, after partaking of it became drunk and disorderly. Counsel for the druggist maintained that if "Paw Paw Tonic" were taken according to directions the medicine would not produce intoxica-

tion. But by an unfortunate *faux pas*, the young men failed to follow directions. Thus far the story is commonplace. The unusual feature in the case is the judge's charge to the jury. He instructed these twelve good men and true to decide whether or not a "patent medicine," which when taken in liberal quantities will produce intoxication, is an intoxicating liquor. The jury decided that such a "patent medicine" *is* an intoxicating liquor! Should this common-sense and rather obvious finding of the jury be held by the courts over the country generally, the large business that purveyors of alcoholic "patent medicines" are expecting to develop after July 1, 1919, will fail to materialize.—Journal A. M. A.



PUBLIC HEALTH CLIPPINGS



"Why don't they keep the streets a little cleaner"

You ask with deep annoyance not undue,

"Why don't they keep the parks a little greener?"

Did you ever stop to think that
THEY means YOU?

GARTERS.

Any article of clothing which unnaturally constricts a portion of the body is harmful and unhygienic. The circular elastic garter acts as a constant tourniquet about the leg and interferes with the circulation of blood in the veins. These will tend to dilate after awhile and become tortuous, giving rise to the condition known as varicose veins. The dilated veins generally prove to be sources of considerable annoyance, and at times of danger. Instead of using circular garters, the proper plan is to suspend the stockings from some part of the underclothing.

VACCINATION AS A WAR MEASURE.

Dr. Maurice Ostheimer of Philadelphia stated that there was not the slightest doubt that smallpox had increased during the period of the war throughout the United States, and in a great many instances the spread of the disease was definitely to be attributed to unvaccinated workers in the industrial plants making munitions. In some instances a migrating unvaccinated worker developed smallpox, gave the disease to one or

more workers in one, two, or even three plants before he was caught and isolated. In Philadelphia alone up to October 18, 1918, there has been thirty-three cases of smallpox reported, while there had only been twelve during the entire year of 1917 and only five in 1916.—Medical Record.

ROBBERY DE LUXE.

The National Association for the Study and Prevention of Tuberculosis is authority for the statement that not less than \$20,000,000 is invested in the business of manufacturing and exploiting fake cures for consumption. It is also estimated that the annual income from these concerns and individuals is not less than \$15,000,000. Of this amount, about \$5,000,000 is spent for advertising, leaving the tidy sum of \$10,000,000 as profit.

As no bottled goods have ever cured consumption, the \$15,000,000 represents nothing but blood money robbed from the unfortunate.—*N. C. Health Bulletin*, Oct., 1918. (M. T.)

It is just as foolish to expect to keep well and strong while living daily in foul, dirty air as it is foolish to try to keep in good condition by eating three times a day meals prepared from food materials which are not fit to eat.

When people go to their physician *to be examined* and not simply to get dope, we will have but few deaths from tuberculosis.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.**Sixth floor City Hall:**

Executive or General Offices.
 Child Welfare Division.
 Vital Statistics Division.
 Sanitary Inspection Division.
 Food Inspection Division.

Communicable Disease Division.
 Medical School Inspection Division.
 Bacteriological Laboratory.
 Chemical Laboratory.

Eighth Floor:

Tuberculosis Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
 Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.**CHILD WELFARE.**

Third Ward School..... Jackson and Detroit Sts.
 Thursday mornings, 9 A. M. to 10 A. M.
 Forest Home Ave. School..... Tenth and Forest Home Ave.
 Wednesday mornings, 9 A. M. to 10 A. M.
 Fifth Avenue School..... Fifth and Hayes Ave.
 Friday mornings, 9 A. M. to 10 A. M.
 Abraham Lincoln House..... Ninth and Sherman Sts.
 Wednesday afternoon, 1:30 P. M. to 3 P. M.
 Weil St. School..... Weil and Lee Sts.
 Thursday afternoons, 2:00 P. M. to 3:00 P. M.
 St. Hedwig's School..... Brady and Racine Sts.
 Friday afternoon, 3:00 P. M. to 4:00 P. M.

TUBERCULOSIS.**Eighth Floor, City Hall:**

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

South Side Dispensary—Woolworth Building, Fifth Avenue and Mitchell Street:

Thursday evening, from 7 to 9 o'clock, for children.

North Side Dispensary—Fourth Street and Reservoir Avenue:

Wednesday morning, from 10 to 12 o'clock.

Service at these clinics is rendered without charge and any person may visit the clinics and consult with the physicians in charge.

HOSPITALS.**SOUTH VIEW HOSPITAL.**

Telephone, Orchard 60.

Visiting Hours, 2:30 to 4 P. M.

GREENFIELD PREVENTORIUM FOR CHILDREN.

Telephone, Wauwatosa 181.

Visiting Hours, Sunday, 3 to 5 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HOW TO LIVE.

LESSON V.



R E S T.

Activity must alternate with rest.

Rest is necessary to regain strength and rebuild the tissues broken down by work.

The most ideal form of rest is sleep; the best time for sleep is night when neither light nor noise disturb.

Eight hours of sleep for adults and ten hours for children is necessary on an average.

Fatigue is nature's warning to you that rest is needed.

Every four hours of work should be followed by a period of rest; for children every two hours of work should be followed by a period of rest.

It is well to rest after a meal to give the stomach a chance to do its work.

Fewer hours of sleep will be required and better rest secured by going to bed on an empty stomach, though occasionally a glass of milk taken before retiring may promote sleep.

GET EIGHT HOURS OF SLEEP REGULARLY.

Milwaukee Health Department.

Clean Up---Paint Up Week

MAY 19-24

Do Your Share to Keep Milwaukee Clean

Work Systematically—Follow This Outline

Set your neighbors a good example.

Remove all rubbish from attic, cellar, closet, back yard, and area way. Have it sorted as explained below.

Remove and clean all carpets and hangings for the summer.

Scrub floors, hall-ways and all unvarnished wood-work thoroughly.

Use plenty of soap and hot water. Clean all windows and keep them open to fresh air and sunlight.

Ventilate damp cellars. Screen windows and doors.

Paint or whitewash your buildings, bedrooms, cellar, fences, etc.

Paint and whitewash kill germs.

Put walks in first class condition. Plant trees, shrubs and flowers in suitable places. Keep your lawn in good condition.

Exterminate dandelions; salt cracks in sidewalks.

Sort and donate all salable junk to the Red Cross; place broken glass, crockery, tin cans and other rubbish in boxes for collection along street curbs. Collections will be made by the Department of Public Works according to the following schedule:

Wards.

Monday, May 19	1, 2, 3, 4
Tuesday, May 20	5, 12, 17
Wednesday, May 21	8, 11, 14, 23, 24
Thursday, May 22	9, 10, 15, 16, 19
Friday, May 23	7, 20, 22, 25
Saturday, May 24	6, 13, 18, 21

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◆=====Bulletin=====◆

of the Milwaukee

Health Department

*Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.*

JUNE 1919.

Vol. 9, No. 6.

A new era of organized medical and health service is now opening. An awakened national conscience recognizes the right of every individual to be safeguarded so far as is possible against disease and to be scientifically cared for during illness.

The period of purely individualistic medical practice is passing. Today, the well informed public is thinking in terms of preventive medicine, diagnostic clinics, group practice, industrial hygiene and hospital care of the sick. The new order of things calls for a tremendous broadening of all activities serving the public health and public welfare.

O. F. BALL, M. D.

*THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF
HEALTH AND SANITARY SCIENCE FACULTY*

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

LEOPOLD SCHILLER, M. D.,
Contagious Diseases.

RUSSELL W. CUNLIFFE,
Chemistry.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE E. ADAMS,
Vital Statistics.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. T. THOMSON, M. D.,
Sanitation.

C. D. PARTRIDGE, M. D.,
Bacteriology.

H. H. BRYANT, D. V. S.,
Food Hygiene.

MAXINE BIEBESHEIMER, R. N., Supervisor of Nurses.

ORDINANCES YOU OUGHT TO KNOW.

FOODSTUFFS TO BE COVERED.

Section 4601i. The display or storing of fruits, vegetables, or other food products on the sidewalk, or outside the place of business is hereby prohibited, unless such fruits, vegetables or other food products are securely covered by glass, wood or metal cases, or enclosed in tight boxes, bags or barrels, and all such cases and containers raised at least two feet above the sidewalk. The provisions of this section shall not apply to fruits or vegetables which are peeled or skinned before being used, or which are stored in tight barrels, boxes or crates.

Section 4601j. No dairy or other food product which has been prepared for eating shall be displayed

or offered for sale, unless properly protected from flies, dust, dirt or other injurious contamination, by being suitably covered with a glass, wood or metal case or covering.

Section 4601l. The owner, manager or other person having charge of any grocery store, fruit store or other establishment where fruit, vegetables or other food products are sold, or offered for sale, who violates any of the provisions of this law shall be punished by a fine of not less than ten dollars or more than fifty dollars for each offense, or by imprisonment in the county jail not to exceed sixty days, or by both such fine and imprisonment in the discretion of the court.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

JUNE 1919

THE POSSIBILITIES OF HYGIENE.

Certain it is that more people would practise hygiene if they could be made to realize in some vivid way how much they needed it. Few persons, even when they read and accept the statistics on the subject, really have a picture of the imperative need of hygiene as an integral part of every human life. It is not brought home to them how widespread is illness, how numerous are preventable deaths, how many are the tendencies toward individual and racial deterioration.

The report of the Roosevelt Conservation Commission on National Vitality, indicates that annually there are in the United States over 600,000 deaths which might be prevented if existing knowledge of hygiene were properly applied; that at least half of the 3,000,000 and more sick-beds constantly kept filled in the United States are unnecessary; that the financial loss from earnings cut off by preventable disease and premature death amounts to over \$1,500,000,000 annually; and that over 15 years are lost to the average life through the lack of application of knowledge which already exists but which simply has not yet been disseminated and applied.

The health examination of the Life Extension Institute have revealed unsuspected ailments in persons who considered themselves well, and to an extent which has as-

tonished even those who have long been familiar with these subjects. Among large groups of clerks and employes of banks and commercial houses in New York City with an average age of 27 and all supposedly picked men and women, only 1 per cent. were found free of impairment or of habits of living inviting impairment. Of those with important physical impairments, 89 per cent. were, prior to the examination, unaware of impairment; 16 per cent. of the total number examined were affected with organic heart trouble, 42 per cent. with arterial changes, ranging from slight thickening to advanced arteriosclerosis, 26 per cent. with high or low blood pressure, 40 per cent. had sugar, casts, or albumin in the urine, 24 per cent. had a combination of urinary and other serious impairment, 47 per cent. had decayed teeth or infected gums, 31 per cent. had faulty vision uncorrected.

Among industrial groups, not exposed to any special occupational hazard or poisoning, the figures were as follows: With an average age of 33, none were found to be free of impairment or habits of living inviting impairment. Of those with important physical impairments, 89 per cent. were, prior to the examination, unaware of impairment; 3 per cent. of the total number examined were affected with organic heart trouble; 53 per cent. with arterial changes,

ranging from slight thickening to advanced arteriosclerosis; 23 per cent. with high or low blood pressure; 45 per cent. had sugar, albumin or casts in their urine; 26 per cent. had a combination of urinary and other serious impairment; 69 per cent. had decayed teeth or infected gums; 41 per cent. had faulty vision uncorrected.

There are few persons in America today who reach the age of forty sound and normal in every part of the body, especially if we include among abnormalities the minor ailments. The extent to which minor ills are prevalent among those who pass for "well" people is not generally appreciated. Once we penetrate beneath conventional acquaintance we almost invariably learn of some functional trouble, such as impairment of heart, circulation, liver, kidneys, stomach; or gallstones, constipation, diorrhea; or insomnia, neurasthenia, neuritis, neuralgia, sick-headache; or tonsillitis, bronchitis, hay fever, catarrh, grippe, colds, sore throat; or rupture, enlarged glands, skin eruptions; or rheumatism, lumbago, gout, obesity; or decayed teeth, baldness, deafness, eye ailments, spinal curvature, flat foot, lameness; or sundry other "troubles."

These ailments, though regarded as "minor," should be recognized promptly and accepted as the signal that the person is moving in the wrong direction. There is no need for alarm provided this warning is heeded. Otherwise disaster is almost certain sooner or later to follow. The laws of physiology are just as inexorable as the laws of physics. There is no compromising with Nature. No man can disobey the laws

of health to which he has been bred by Nature without paying for it—any more than a man can sign a check against his bank account without reducing the amount. He may not be immediately bankrupt, and until he exhausts his account he may not experience any inconvenience from his great extravagance, but Nature keeps her balances very accurately, and in the end all claims must be paid.

It is true, of course, that some persons have greater resistance than others. If we had a convenient barometer by which to measure daily the state of our vitality, we might register the effect of every unhygienic act. But it is so seldom that endurance is accurately measured that few people appreciate the enormous differences in people and the variations of the same person at different times. These differences and variations have a range of many hundred per cent. Some people cannot walk upstairs or run across the street without being out of breath, while others will climb the Matterhorn without overstrain. The fact that certain people have lived to the centurymark in spite of unhygienic living is sometimes cited to prove that hygiene is ineffective. One might as well cite the fact that certain trees are not blown down in a gale or are not quickly destroyed by insect-pests to prove that gales have no tendency to blow down or insects to destroy trees.

The truth is that a person who has so much vitality as to lead him to defy the laws of health and to boast that he pays no price no matter how he lives, is likely to be the very man to exhaust his account of health prematurely. There was, a few years

ago, a famous American, possessed of prodigious bodily vigor. He ought to have lived a century. Unfortunately he had this "insolence of health." He was warned several times against overwork, lack of sleep, and abuse of his digestion. But he merely smiled and claimed that such warnings were for others, not for him. He met an untimely end, due as his physicians believed and as he himself acknowledged, when too late, to his abuse of the great powers with which Nature had endowed him and to the neglect of personal hygiene.

Conversely, an observance of the

laws of hygiene affords wonderful results in producing vitality and endurance. Insurance companies are discovering that even weak and sick people, will, if they take good care of themselves, outlive those with robust constitutions who abuse them.

As soon as an individual becomes interested in caring for his own health and for the health of his family, his interest will not cease at individual hygiene; he will wish to improve the efficiency of the public health service by increased appropriations, improved equipment and personnel; and to co-operate with the health officer.—From "How to Live."

SCHOOL HYGIENE NOTES.

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

In the future we shall attempt to reserve at least one page in the Health Bulletin for School Hygiene notes. We are hoping that in time the School Hygiene work will require so much space in the Bulletin, that it will be necessary for us to get out another monthly bulletin devoted exclusively to school health work.

Children with defective teeth should have them corrected during summer vacation, when dentists are not so busy and when children can make appointments without missing any school work.

Why does the Health Department award a banner for the best attendance record? What has school attendance to do with health?

A child with bad teeth and a toothache ever so often is not apt to have a good attendance record.

A child with bad tonsils and ade-

noids will be absent on account of frequent colds. A teacher permitting a child who had the mumps or some other contagious disease to return to the class room before it has sufficiently recovered, will surely increase the number of absentees. By saving a day or two for the returned child, several children may lose weeks, by contracting the disease from the too early returned child.

A most certain way to reduce the number of absentees for the year, is not to permit the child that has been sick, to return to the class room until it has been examined by the school physician or nurse. No room or school can have a good attendance record, without having a good health record.

The schools have all worked so hard this month to win a banner, that we regret very much that we haven't more banners to award.

Every school that weighs its children once a month ought to have a banner, because it is doing good work, regardless of what the findings may be. Teachers, if some of you are not fortunate enough in winning a banner this month, don't become discouraged, because after all, you are working for the health of your children and not the banner. If you have done or said something during the past month that has stimulated your children to greater effort in gaining and maintaining their health, you have accomplished something of greater value than all of the banners in the world.

The following are the winners for this month:

Rooms with lowest percentage of absentees:

St. Gall's—3rd and 4th, 5th and 6th, 7th and 8th grades.....	0%
St. Ann's—5th, 6th, 7th, 8th, 9th grades	0%

School with lowest percentage of absentees:

St. Gall's	1½%
St. Ann's	3%
St. Martini	3%

Rooms with lowest percentage of defective teeth:

Trinity Lutheran—8th grade.	0%
St. Wenceslaus—5th, 6th, 8th grades	0%

School with lowest percentage of defective teeth:

St. Lawrence	9%
--------------------	----

Room with lowest percentage of children under weight:

Gesu—8th grade	2%
----------------------	----

School with lowest percentage of children under weight:

St. John Kanty	29½%
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Special Mention:

Fifth Ave., Jones Island, St. Matthews, St. Adalberts, St. Johns Cathedral, St. Rose's, St. Stanislaus, St. Joseph's, St. Mark's, St. Cyrill's, St. Josephat's.

HOW TO MAKE YOUR OWN ICE BOX.

Get a wooden box at a grocery store, such as a soap box, 15 inches in depth. Buy a covered earthenware crock, tall enough to hold a quart bottle of milk. Also get a piece of oilcloth or linoleum about a foot wide and 3 feet long. Sew the ends together to make a cylinder which will fit loosely around the crock. Place the crock inside the oilcloth cylinder, and stand them in the center of the box. Now pack sawdust or excelsior beneath and all about them to keep the heat from getting in. Complete the refrigerator by nailing a Sunday newspaper or two

other newspapers to the wooden cover of the box. It is now ready for use.

In the morning as soon as you receive the milk place it in the crock; crack 5 cents' worth of ice and place it about the milk bottle. Place the cover on the crock and the lid on the wooden box. No matter how hot the day has been, you will find some unmelted ice in the crock the next morning. Remove the crock every morning to pour off the melted ice. —United States Public Health Bulletin.

NO FILTH, NO FLIES.

"HELPING PEOPLE HELP THEMSELVES."

MAXINE BIEBESHEIMER, R. N., Superior of Nurses.

Some of the activities of the Public Health Nurse.

Owing to the apparently limited knowledge of the activities of the Public Health Nurse, it would seem advisable to enumerate some of the more important of these activities in order that we may all have a better grasp of what the Public Health Nurse means in any municipality, especially to those who are unable to obtain this assistance and knowledge through efforts of their own. This, one of the three articles, will endeavor to make known Community Service.

Each Public Health Nurse has a little section of the city in which she alone visits the homes where the need of health instruction and assistance is most evident. In many ways, she learns of the need of her ministrations. By birth registrations, hospital reports, and the Child Welfare Clinics she is directed to homes where the problem of caring for a new born baby is the all-absorbing topic. Child Welfare Clinics, day nursery inspection, and school medical inspection point out to her the home where the task of keeping the child in health can be made easier by her assistance and advice. The hospital extension work conducted by the Public Health Nurses provide the entry to many homes from which patients have been removed and to which they hope to return. It is the nurse's task to arrange for home conditions that will not favor a relapse. Physician's notifications of

cases of tuberculosis, and applications for free hospital treatment indicate the homes where instruction and assistance are important to protect the members of the household and others from the spread of the infection. Innumerable other means could be mentioned by which the Public Health Nurse learns where she can be of service. Her teaching has the great advantage of an object lesson, for she goes right into the home and shows how the necessary things can be done with the facilities available.

She must be not only a teacher and a nurse, but also a trained social worker. Frequently it is impossible for the people to follow her instructions because of financial stringency or some other social problem. For example, it is fruitless for her to advise that a tuberculosis patient sleep with open windows if he has insufficient bedding and no fire in the house. In such a situation she studies the social aspects of the case, before the need to the proper social agency and sees that adequate action results.

The total number of home visits made by the Public Health Nurses the first four months of this year were 16,131.

In these and many other ways the Public Health Nurses are "helping the people to help themselves" to health.

(To be continued)

A GOOD FLY IS A DEAD FLY.

FOR SCHOOL CHILDREN WHO WISH TO REACH THEIR NORMAL WEIGHT.

BY JOHN P. KOEHLER, M. D., DEPUTY COMMISSIONER OF HEALTH.

Some of the reports from schools show that there are some rooms where all of the children are under normal weight. Many rooms report over 90% of the children under weight. The average number of children under weight in the parochial schools, according to May reports is about 70%. These first reports may not be as accurate as they should be, because the scales were new and in many instances not properly adjusted. Some teachers also removed the shoes of children which was according to instructions on the weight charts, which of course would reduce the weight some. Teachers have been instructed that in the future the child be weighed in its class room clothing without removing shoes. The ultimate purpose of these scales in school is not to show how many children are below normal weight, but to stimulate children to greater effort in attaining their normal weight.

I am certain that all children want to weigh as much as the teacher says they should. Nobody likes to be called a "fatty" but neither does any child like to be called a "skinny." According to our records most of you children ought to be called "skinny." I will tell you how you needn't be either a "fatty" or a "skinny," but a "just-right." Of course, to weigh just what the book says you ought to weigh, isn't always so easy to accomplish. Like everything else that is worth having, it

requires some effort to reach your normal weight and to keep it.

They tell me that some boys put bricks in their pockets when they are weighed in order to weigh more. That, of course, is an easy way, but it is neither an honest way nor a good way. We want you to have your normal weight, because then you will be strong enough to lick the germs, especially the germs of tuberculosis. Now a brick in your pocket may be alright to fight a dog with, but it won't help you in fighting the germs. They are so small that you cannot hit them with a brick. They also tell me that some children put on extra clothes when they are weighed. Of course, you all know that germs aren't afraid of clothes. Besides the germs may come at night when you haven't your clothes on.

My way of reaching your normal weight will at first seem hard and expensive, but after you have once reached your normal weight, you will be very glad that you did what you were told to do. In the first place, if you have any ailments of any kind have them treated. If you are absorbing pus from bad teeth every day, you are poisoning your body and cannot gain in weight until your teeth are fixed up. If you cannot see real well, have your eyes fitted with glasses, for poor eyesight will keep you thin. Bad tonsils and adenoids keep many children below weight. If your family physician advises re-

THE LITTLE HOUSE FLY IS A BIG DANGER.

moval, take a vacation for a day or two and have them taken out. After you have all defects corrected that may be the cause of your underweight then you are ready to do the following: Sleep from ten to twelve hours every day with windows open. Rest one-half hour after each meal by lying down. When you do not attend school, take a nap from 1 to 3 o'clock p. m.. Have candy and ice cream once a week. Both candy and ice cream when taken too often disturb digestion and take away the appetite for more necessary foods.

The following menu will help put on weight:

Breakfast: Milk, bread and butter, some cereal, such as oatmeal, cream of wheat, corn meal, rice or farina. Oranges or thoroughly ripe or baked

bananas. Eggs, soft boiled, poached or scrambled.

10 o'clock lunch: Milk, bread and butter.

Dinner: Vegetable soup, meat or eggs, potatoes, baked, boiled or mashed; vegetables as peas, beans, spinach, onions, string beans, squash, cauliflower, asparagus, carrots. Desserts: Rice, tapioca or bread pudding, custards, plain cookies and cake. Milk or chocolate to drink.

4 o'clock lunch: Milk, bread and butter sandwich.

Supper: Milk or chocolate, bread and butter, baked potato, stewed fruit, poached eggs on toast, ginger bread or plain cake.

Eat slowly and chew your food well.

SHAMPOOING.

FROM "PERSONAL HYGIENE."

Many persons who are favored by nature with a luxuriant growth of hair and who perhaps consider themselves immune to baldness, will grudgingly give any time to the care of the hair and consider shampooing especially distasteful. To keep the hair clean and free from dandruff, shampooing at intervals is very necessary.

There are many popular fallacies concerning questions of physiology and hygiene, and some ideas about shampooing of the scalp are no exception to the rule. Shampooing, like brushing, also removes some loose hairs, but by cleansing and stimulating the scalp it forms a most important means of preserving a good head of hair or aiding to restore it after a temporary falling. The

frequency of shampooing of the scalp depends on the rapidity with which dandruff accumulates, and to some extent on occupation of the individual. For some persons, washing the scalp once a month will be found sufficient to keep it in a hygienic condition. Others, and especially those whose business requires much travelling or exposure to dust and dirt, may find it necessary to wash the head once a fortnight, or even once a week. There is never any danger of shampooing the healthy scalp too frequently, notwithstanding the opposite statement so frequently made by some hairdressers, whose chief stock in trade is some "tonic" of alleged miraculous virtue. When the hair has begun to fall out permanently, due to long neglect or fol-

lowing an illness, it is well to begin shampooing the head twice or even three times a week, and to gradually lessen the intervals to once in three or four weeks.

Not only are some afraid that the shampoo will cause considerable loss of hair through the friction employed, but they fear that all the oil in the scalp will be removed and great damage done to the hair by the dryness resulting. Immediately after washing the scalp, especially if alcohol be used in addition to the soap, the scalp will certainly feel dry, but it will soon become more oily than usual due to improvement in circulation and consequent stimulation of the oil-glands. This will be the result in the majority of cases, and very few persons will suffer dryness of the scalp if they practice shampooing with sufficient frequency. Some persons actually say that after the shampoo the scalp becomes too oily. When the scalp fails to respond to the mechanical stimulus of shampooing by producing an insufficient amount of sebaceous matter, then it is well to rub into the scalp some form of grease or oil. Nothing answers the purpose better than vaseline, although some barbers prefer to use olive oil. This can be conve-

niently applied by a medicine-dropper after making numerous parts in the hair. The use of soap on the hair agitates many persons who, though employing the best soap in cleaning the skin, consider that shampooing is a dangerous procedure unless the soap used is recommended by physicians. Any good toilet soap upon the market will answer the purpose and more harm is done by refraining from the use of the shampoo than by using an inferior quality of soap on the hair.

The addition of alcohol to *shampooing liquids*, as in the tincture of green soap will greatly assist the thorough cleansing of the scalp. The addition of an egg to the shampoo is thought by many to make it more pleasant and effective. As the egg has no cleansing effect its use is largely a matter of taste. There is no more reason for its employment upon the scalp than for its use in the daily washing of the hands and face.

A very satisfactory shampoo liquid is found in the linamentum saponis mollis of the Pharmacopeia, which consists of 50 parts of soft soap, 2 parts of oil of lavender, and 33 parts of alcohol. — From "Personal Hygiene."

DAY LIGHT SAVING

The extra one hour of daylight may be fine for gardening and automobil-ing, but it is detrimental to the health of children. Children need rest and sleep as much as food. Since moving the clock ahead one hour, children must get up one hour earlier to go to school, but fail to go to bed one hour earlier evenings. It is difficult to get children to go to bed while it

is still daylight. As a result, children who used to go to bed at eight o'clock, now retire at nine. Those who used to be in bed by nine under the old time, now are up until ten.

The daylight saving plan is robbing the children of this country of one hour's sleep every day, which is very apt to be detrimental to their health. We are for health of the children first, last and all the time.

PATENT MEDICINES AND QUACKS.

Some people believe that physicians advise against the use of patent medicines from selfish motives. Patent medicine vendors also attempt to convince the public that physicians are not friendly toward patent medicines, because patent medicines take work away from the doctors. After studying the patent medicine traffic of today we have decided that the patent medicine advertisements drive much more work to the doctors than they keep away. The people last to consult a physician are the ones who know nothing about the human body or the diseases it is subject to. People who employ the physician most frequently are the ones who know just enough about human ailments to be on a continual look-out for them. They are the ones who read the patent medicine advertisements and decide that the symptoms mentioned in the advertisement just fit their case. Some of these immediately buy the patent medicine advertised, but the majority of them become frightened enough to consult a physician.

Therefore when a physician or health officer fights the patent medicine vendor, it is for the benefit of the innocent victim, who spends his money for something of little value and sometimes even injurious to his health. The reason so many individuals outside of the regular medical profession attempt to cure disease, is because they can rely upon a powerful ally to help them. This ally or partner is nature itself. It helps them all alike, whether they are physicians, Christian Scientists, chiropractors or patent medicine vendors. The only difference between

healers of disease is that some help nature more than others; some not only do not help nature but even hinder it in its work.

When a man sells you a poor suit of clothes, you soon realize that you were deceived, because the clothes vendor hasn't nature to make a good suit out of a poor suit. In fact, nature will do all it can to wear out the poor suit.

If someone sells you an automobile that won't run, you soon realize that somebody obtained your money under false pretense, because nature given sufficient amount of time, will never repair the auto.

If someone sells you a "cure all" for your ailment, you never know whether you are "stung" or not. In most cases nature, if given a little time and the mental co-operation of the patient, will do its work well. However, nature is not given credit in these cases, but many times someone or something that was really injurious to the health of the patient is given the credit.

A man selling merchandise must deliver the "goods" or soon be recognized by his patrons as a "crook."

A man claiming to sell health may in reality be selling disease and never be found out. This is the reason why the treating of disease is attempted by so many. They can be "crooked" without being discovered. The individual who knows nothing about disease or anything else will claim more wonderful cures, and many times have a larger following than the man who has put in the best years of his life studying the body and the diseases it is subject to.

Whenever you find anybody or anything proclaiming their cures from the housetop, take our advice and put them down as fakers, whether they be physicians, ministers, Christian Scientists, spiritualists, chiropractors or patent medicines.

An honest healer of disease realizes that he has nothing to boast

about, because if nature didn't do its work any better than the healers of disease, there never would be any cures to record. Therefore, when you read about the wonderful cures, claimed by patent medicine advertisements, don't forget that someone is neglecting to give nature credit for her work.

WHAT EVERY MOTHER SHOULD KNOW.

The first and noblest duty of a mother is to nurse her own child.

Know that nearly every mother can nurse her child if she will keep at it regularly for a few weeks.

Remember there is nothing so good for the baby as its mother's milk. Don't feed it anything else unless told to do so by your doctor.

Nurse regularly from five to seven times in twenty-four hours. Give the baby's stomach and yourself a chance to rest.

Know that a breast-fed baby can stand sickness, heat, and dirt much better than a bottle-fed baby.

Don't wean the baby without the doctor's consent. It is risky to wean suddenly or in summer.

Know that the food for every bottle-fed baby should be prepared exactly according to a doctor's written directions.

Know also that every bottle-fed baby, even though apparently well, should be brought to a physician at least once a month for examination, until the age of fifteen months.

If the baby does not thrive, both mother and child should be constantly under a doctor's supervision.

Have your hands and dishes clean when you prepare the baby's food.

Pacifiers are unnecessary and dangerous.

Do not put too much clothing on the baby, especially in the summer.

Keep the baby out of doors as much as possible.

Keep the windows open day and night in the summer. In the winter air the room two or three times a day.

Keep the flies out. If you have no screens, tack mosquito netting outside of the windows. These carry disease.

If the baby frequently vomits his food, it is necessary to consult a physician.

In case of diarrhoea, one of the commonest of baby complaints, give one or two teaspoonfuls of castor oil; stop all food for at least twelve to twenty-four hours; give cooled boiled water without sugar and immediately get your doctor.

Don't blame teething or worms for your baby's illness. There probably is another reason.

Don't forget that it is easier, better and cheaper to prevent sickness than to cure it.

In hot weather the baby is thirsty, just as you are. Give him plenty of cooled, boiled water.



FIRST AID TO THE INJURED



SUN STROKE.

Sun stroke may occur in two forms—(a) Heat Stroke, and (b) Heat Exhaustion. In sun stroke the symptoms develop usually quite suddenly. The skin is hot, dry and flushed, the puls rapid and bounding, and the respirations loud and noisy. Treatment: The patient should be brought into a cool place, all restricting clothing removed and cold water applied to the head and body. If symptoms of collapse develop, these must be treated accordingly with stimulants.

Heat Exhaustion: Here the attack may occur while the patient is in bed or at work. The condition is not necessarily due to exposure to sun heat, but may occur from exposure in an overheated room. Nausea and vomiting may precede the symptoms of collapse, during which there is a general feeling of oppression and weakness with or without unconsciousness. The skin is pale, cool and covered with cold perspiration. Treatment for these cases require the application of heat and stimulants internally. To prevent the development of either of these conditions, avoid excessive bodily fatigue, over-eating and overuse of alcoholics.

POISON IVY.

Contact of the skin with poison ivy causes in many people a very annoying inflammation of the skin. The vine is of the climbing variety, with three pointed leaves on each stem. A few hours or about a day after the skin is exposed to the poison of this plant, a red rash appears, with more or less swelling and itching. Small blisters appear, filled with serum even becoming quite large. When they burst there is considerable weeping from the surface. Later it may go on to a formation of pus. The hands and face, being the most exposed parts of the body, and the feet and ankles of those who go barefooted, are usually first affected. If the inflammation is very severe, there may be some incidental disturbance, such as fever, headache and general feeling of malaise.

Treatment: One of the best treatments for this disease is bathing with salt water, sea water being the best. Boric acid, one teaspoonful in a glass of hot water, is a good application. The large blisters should be punctured and the contents allowed to run out. Every one or two days the affected parts should be bathed with warm water, carefully dried without rubbing, and the boric acid treatment resumed.

**THE NEGLECTED CHILDREN OF TODAY ARE
THE INMATES OF OUR INSTITUTIONS
OF TOMORROW.**

MILWAUKEE HEALTH DEPARTMENT SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.

Eighth Floor:

Tuberculosis Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

SOUTH SIDE DISPENSARY, WOOLWORTH BLDG., 5TH AVE. AND MITCHELL ST.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY (MARQUETTE MEDICAL SCHOOL), 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 60.

Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

GREENFIELD PREVENTORIUM FOR CHILDREN.

Telephone, Wauwatosa 181.

Visiting Hours, Sunday, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HOW TO LIVE.

LESSON VI.



ELIMINATION.

By elimination is meant the getting rid of the waste products of digestion through bowel action.

Proper elimination is just as important for the maintenance of health as is the taking of food.

The waste products of digestion, if retained in the bowels, will decompose and produce poisons.

Pimples, headaches, backaches, mental dullness, irritability, general ill health, and in children diarrhea and convulsions, are some of the results of such poisons.

Bowel action is a normal, physiological process. Do not make elimination dependent upon cathartics or injections.

Regularity of habit, and the judicious use of fruits, vegetables, coarse or bulky foods, water, and exercise, will assure proper bowel action.

THERE SHOULD BE AT LEAST ONE BOWEL MOVEMENT DAILY.

Milwaukee Health Department.

Care of the Baby in Summer

Don't wean the baby in summer.

...Keep flies away from the baby, its food and belongings.

Keep everything away from its mouth but its food.

Keep the house, and especially the kitchen, screened, and burn all garbage at once.

Keep the baby on the shady side of the street.

Give it plenty of cool boiled water to drink.

Sponge it twice a day in addition to the bath.

The less clothing it wears the better.

Do not handle the baby much. Let it lie on the mattress in a cool place, but, preferably, keep it on the porch or in the yard or park.

If there is vomiting or diarrhoea, stop all feeding for six hours, giving it boiled water or cooled harley-water and two teaspoonfuls of castor oil and an injection. If the symptoms are not easily checked, a physician should be summoned.

Milwaukee Health Department.

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Bulletin

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

JULY-AUG. 1919.

Vol. 9, No. 7-8.

P“Public health is purchasable. Within certain limitations a community can determine its own death rate.”

—Dept. of Health.
City of New York.

Bulletin of the Health Dept., JULY-AUG. 1919

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

C. L. KENNEY, M. D.,
Contagious Diseases.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. E. CHURCH,
Bacteriology.

RUSSELL W. CUNLIFFE,
Chemistry.

GEORGE E. ADAMS,
Vital Statistics.

F. T. THOMSON, M. D.,
Sanitation.

H. H. BRYANT, D. V. S.,
Food Hygiene.

STATE LAWS YOU OUGHT TO KNOW.

Gonorrhea and syphilis.—Under the provisions of section 1417n of the statutes any person afflicted with gonorrhea or syphilis in its infective or communicable stage is declared to be a menace to the public health. If any person so afflicted ceases to take treatment until he or she has reached the stage of the disease where it is no longer communicable, or where

the afflicted refuses to take treatment, the physician is required under penalty of a fine of not more than \$100 to report the case to the State Board of Health. The State Board of Health is then required without delay to have such person committed to a county or state institution for treatment until the stage of the disease is reached where it is no longer communicable.

Law Relating to the Sale of Drugs used in the Treatment of Venereal Diseases.

Section 2. Two new subsections are added to section 1417m of the statutes to read: (Section 1417m) 12. No druggist or other person not a physician licensed under the laws of this state shall give, sell, prescribe or recommend to any person any drugs, medicine or other substances to be used for the cure or alleviation of syphilis, gonorrheal infection or chancre, or shall compound any drugs or

medicine for said purpose from any written or printed formula or order, not intended for the purpose for whom the drugs or medicine are compounded, except on written prescription bearing date and signed by a physician licensed under the laws of the state. Any violation of this section or of subsection 13 of section 1417m shall be punished under the provisions of subsection 11 of section 1417m.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

JULY-AUG. 1919

HOW MUCH FOR HEALTH?

GEORGE C. RUHLAND, M. D., Commissioner of Health.

During the year 1918 the city of Milwaukee spent \$7.27 per capita for the building, repairing, and cleaning of streets, the collection and disposal of garbage, and the various other activities under the direction of the Department of Public Works.

The School Board had \$6.80 per capita to spend for its work.

For fire and police protection an appropriation of \$2.40 and \$2.38 per capita, respectively, was made.

For the up-keep and development of our parks, 98 cents, or nearly \$1.00, per capita was provided.

The Health Department's portion of that 1918 budget was 69 cents per capita.

From these figures it would appear that the city grades its interest in public service on the following basis:

1. Streets, alleys, garbage, sewer and light.
2. Education.
3. Fire protection.
4. Police protection.
5. Parks.
6. Health.

Our comment on this rating is not that too much has been given to other departments, but that too little—very much too little—has been given for health.

It is our idea that health and life are our most valuable possessions.

Sickness is expensive. According to

a survey made some time ago, it appears that there are about 40,000 people on the sick list in Milwaukee each day. The loss in dollars and cents as a result of this sickness, due to loss in wages alone, may be conservatively estimated at \$4,000,000 a year.

Death, too, is expensive. We do not know what life is worth to you. Economists say that a human life is worth at least \$5,000.

There were 6,598 deaths in Milwaukee last year. Figuring these lives lost at \$5,000 each, this represents a loss of \$32,990,000.

The loss from fire last year has been placed at \$1,126,133.74, and the loss through theft was \$119,000.00. We believe that a tax of \$2.40 and \$2.38 for each of the city's population is none too much for protection against these losses.

We are of the opinion, however, that 69 cents per capita is wholly inadequate and disproportionate for the protection possible against the millions of dollars lost yearly through preventive illness and premature death.

We are strong for education but believe that it is both foolish and wrong to allow only 9 cents for the protection of the health of the child at school, when an investment of \$6.80 is being made for the education of that child.

It is our belief that streets, parks, and all that goes into the making of a city is for the living; if for the living, why not spend a little more for that which makes life possible and worth while—health?

"What does it profit a man if he gain the whole world and lose his health?"

More money will, of course, not prevent all sickness, nor will it furnish everlasting life any more than the money the Fire Department has

will prevent all fires, or the Police Department money can stop all crime.

More money can, however, lessen disease and lengthen life. Health and life are not immutable. Within certain limits health and life can be bought. With more doctors and nurses, and more funds available, we can lessen disease, lengthen life, and save babies' lives.

Are you willing that we have for our work at least as much as the city now spends on its parks? Are you willing to spend a dollar for health?

INFANTILE PARALYSIS.

During the month of July, fifty-one cases of infantile paralysis were reported to the Health Department. For a time the daily increase in the number of cases made it appear as if the disease would grow to epidemic proportions. The Common Council was accordingly advised of the situation and requested to place at the disposal of the Health Department special funds for the purpose of fighting the spread of the disease. This was done, and a corps of special investigators was enlisted in the department service. Apparently, the closer control over cases, made possible hereby, has been helpful, and since the first of August the new cases reported have averaged only one per day.

The assistance of Marquette University Medical School, as well as of the staff of Columbia Hospital, has also been secured for the purpose of doing special research work, which, it is hoped, may lead to the discovery of methods of earlier diagnosis, and perhaps, also, more specific treatment.

The alarm which the situation occasioned among the public, is not wholly justified, since, after all, comparatively few cases have developed so far. The public is entitled to know, and to take comfort from the fact that, fortunately, the majority of us are immune to the disease. This knowledge, on the other hand, should not lead to carelessness. As the name given to the disease indicates, the greatest number of its victims is found among small children. Common sense and justice, therefore, demand that we protect these defenseless ones as best we know how.

Since at the present time it is still very difficult to make a positive diagnosis early, as many of the initial symptoms are similar to those occurring in other acute illnesses of children, it is important that a physician be called in early whenever indisposition or illness develops in a child.

The disease being of a contagious nature, children, especially those under eight years of age, should be

kept away from picnics or other places where large numbers of children are likely to come together. Adults, too, may become carriers of the disease, that is, they may harbor the germs of the disease though they themselves may develop none of the

symptoms of the disease. Contact with every case of acute illness is, therefore, to be strictly avoided.

The public can further assist in the control of this and of other acute contagious disease by promptly reporting every case of acute illness to the Health Department.

ROOM FOR IMPROVEMENT.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

We have all come in contact with individuals and organizations who consider themselves beyond the stage of improvement. They are so satisfied with themselves that they never think of looking for any weak spots that might be strengthened or any short-comings that might be improved. Such an attitude of mental satisfaction may be overlooked where only dollars and cents are concerned, but never where it concerns human lives.

In looking over our statistics for the year 1918, we find that out of 430 people who had diphtheria, 51 died, which is about a 12% death rate. The death rate per cases reported in 1918 for other contagious diseases is as follows:

Measles, 1% ; influenza, 2% ; whooping cough, 3% ; scarlet fever, 5%.

This shows that although we have almost an accurate means of making an early diagnosis, and almost a specific treatment for diphtheria, yet, relatively more children are dying from this disease than from diseases concerning the cause and treatment of which we know very little.

From this it must not be inferred that the less doctors know about a disease the lower its mortality rate. Children die from diphtheria because

some one neglected to give them the advantage of an early diagnosis and early anti-toxin treatment. In the majority of cases it is not the fault of the physicians, but of the parents who consider it unnecessary to call a doctor when the child is ill until it is too late to administer diphtheria anti-toxin successfully.

Very few if any out of these 51 cases would have died if given anti-toxin when they first showed signs of illness.

The Health Department furnishes everything necessary to make an early diagnosis, as well as free diphtheria anti-toxin. Where people are unable to employ a physician to see a sick child, the Health Department is ready to furnish a nurse or a doctor.

Some parents are willing to jeopardize the lives of their children to escape quarantine, and therefore many times try home remedies rather than call a physician, who would report the case to the Health Department.

Twenty-eight of the 51 cases that died of diphtheria were children under 5 years of age; 49 out of the 51 were under 15 years of age.

We have stringent laws to protect animals, but a helpless child with diphtheria may be refused proper

treatment by its parents and public opinion seems to acquiesce.

Children must have a square deal! An inquest should be held over every child dying from diphtheria because in about eight out of ten cases, some one was criminally negligent. A law should be passed compelling parents

to either employ a physician when a child under ten years is ill or report the case to the Health Department.

The Child Hygiene Bureau of the Milwaukee Health Department is getting ready to fight anybody and everything that opposes a square deal for children. Look out for us!

HAY FEVER.

The month of August is the time when the sufferers from hay fever usually experience their annual attack from the illness known as hay fever or autumnal catarrh. The attack may last from a few days to several weeks, or until the advent of cold weather and frost.

The symptoms usually are variable, ranging in degree from only a slight indisposition to extreme prostration.

The exciting cause for the attack likewise appears to be of a variable nature, the pollen of flowers, dust, fumes, and odors precipitating the attack in some, while in yet others the attacks develop apparently entirely without any such exciting agents.

These latter cases usually develop on a markedly neurotic background.

Naturally the treatment for hay fever must vary according to the agents apparently responsible, no one line of treatment being equally successful in all cases.

Considerable relief in most cases is found along the seashore and in the high altitudes of mountains. Also, the lake region of northern Wisconsin has gained for itself an enviable reputation as a refuge for hay fever sufferers.

In some other cases the removal of growths within the nose proves beneficial and curative. Local treatment, however, should only be undertaken under the immediate supervision of a competent specialist.

WHAT EVERY MOTHER OUGHT TO KNOW.

Keep all food clean and cold.

Never without a doctor's orders feed a well "bottle" baby oftener than seven times in twenty-four hours—better six.

If the baby cries a great deal, a physician should be consulted.

If the baby cries at other than feeding time, you may give cooled boiled water.

Use a clean boiled bottle for each feeding.

Use a clean boiled nipple for each feeding.

Always throw out the milk that is left in the bottle after feeding.

Always keep the milk on ice until it is ready to use.

Hot, close and dirty rooms kill babies quickly. Therefore, keep the house cool, well ventilated and clean.

Bathe the baby every day and in hot weather sponge him off two or three times more.

"HELPING PEOPLE TO HELP THEMSELVES."

MAXINE BIEBESHEIMER, R. N.,

Some of the activities of the Public Health Nurse.

(Continued.)

PRE-NATAL WORK.

That instruction in the hygiene of the Pre-natal state is urgently required, is demonstrated by the fact that about 30 per cent of infant deaths occur in the first month of life and most of these are due to pre-natal or natal causes. The Public Health Nurses visit such cases where they believe they are needed and give instruction and advice in reference to bodily care, proper food, dress and housing, and the many steps that should be taken in preparation for the safe arrival of the expected baby. The importance of early and systematic examination is vigorously encouraged.

INFANT AND CHILD WELFARE VISITING.

Each Public Health Nurse is notified of every birth reported from her district. If she considers it advisable, she revisits to give friendly advice and instruction in the care of the baby, and to help clear up the social problems that may jeopardize the little one's chances. The importance of breast feeding is one of her most persistent messages. If breast feeding proves to be impossible, the proper preparation and care of the baby's food is her great concern. Suitable clothing, bathing, ventilation, etc., are also to be considered. No less than 6,390 Infant Welfare visits were made during the first four months of this year.

CHILD WELFARE CLINICS.

The nurse usually recommends that the baby be taken to the nearest Child Welfare Clinic for periodical medical examination. These consultations are conducted in five Neighborhood Centres by specially trained physicians assisted by the Public Health Nurses. The infants are systematically weighed and measured and careful record of their progress is kept. An expert medical examination is made and advice is given in the care and feeding of the child. These clinics are not limited to infants but are available for all children below school age. If remediable physical defects are discovered or the child is found to be suffering from disease, it is referred to the family physician for treatment, or if this is impossible, to the Hospital for Sick Children. In this way not only is the infant and child mortality materially reduced, but also many defects are corrected before they become irreparable and before the child enters school. During the first four months of this year, 99 such clinics were held.

SUPERVISION OF LICENSED BABY BOARDING HOMES.

The Public Health Nurses inspect and supervise from 50 to 100 licensed homes in which babies may be boarded. Detailed records are kept of each home and of each baby admitted and discharged. A social investigation is also made by every child to be boarded, to ascertain the family situation which necessitates this measure.

(To be continued.)

“HEALTH FIRST IN THE SCHOOLS.”

We have at last discovered that health, like happiness, is to a large extent a matter of habit, and that it can be taught. To the teachers who are ambitious for professional recognition, as well as to those who are desirous of being vitally helpful to the young lives committed to their charge, the stimulation of health activities in school offers a great opportunity. Our stereotyped aims and methods in the teaching of hygiene have to a large extent been discarded. The new aims are very definite, but our methods of attaining these aims are largely undeveloped. In health work in the schools every teacher must be a pioneer. There is a great responsibility and at the same time a great opportunity.

The successful teachers of health can be no routinists. They must be at once resourceful and enthusiastic, possessing those qualities of mind and spirit which enable them to be leaders. Since questions of health are as broad as life itself, they can not hope to do their best work while sitting within the four walls of the classroom. They must co-operate with all of the other persons and agencies in the community whose influence in any way affects the health of school children. They must learn to work with parents, with family physicians, and local health agencies, and to utilize the services of newspaper men, of ministers and churches, women's clubs, and other civic organizations.

What, then, are the aims and guiding principles of this new education in health?

The time has passed when a glib recitation of the names of the bones of the body, of the stages of digestion, can be regarded as a test of successful teaching. The end to be aimed at is not *information*, but *action*; not simply *knowledge* of what things are desirable, but rather the *habitual practice* of the rules of healthy living.

A second principle which must underlie all successful health education is that it shall be positive rather than negative. We must learn to think of health in terms of strength and beauty and joy, rather than of weakness and disease. We must imbue the attainment of health with the spirit of a glorious game, following the laws of health as we would obey the rules of the game. “Thou shalt!” must take precedence of “Thou shalt not!” We must not say, “Don’t forget to brush your teeth or they will decay and you will have a bad digestion.” Rather, we must say, “Brush your teeth regularly so that you may enjoy the feeling of a fresh, clean mouth, and have a sweet breath, and a fine, shining set of strong teeth!”

Next, health must not be taught didactically, but by personal example and object lesson.

Frequently it must be taught indirectly rather than directly. The child has no interest in health for health's sake, and it is not unnatural that this should be so. But every girl desires to be beautiful, and every boy desires to be strong and athletic, and the wise teacher will build on these natural interests of the children, and

Public Health is Purchasable!

inspire them to do the things which will result in physical beauty and strength.

The teaching of health, moreover, can not be confined to any one lesson period, but can be introduced into almost every study in the curriculum. It is often chiefly a matter of emphasis rather than formal instruction. The consideration of questions of diet, of ventilation, of the spread of transmissible disease, are all important, but it may be desirable to treat of them in connection with work in domestic science, in physics, or in nature study. History, civics, English, and geography all offer opportunities for the inculcation of health lessons. The important thing is that teachers themselves shall have acquired the *hygienic point of view*, so that they will be able to see and make use of these opportunities.

Finally, a definite amount of time should be allowed every school day from the kindergarten upward for health inspections, the discussion of health problems, and for other health activities. In the lower grades this time should be devoted wholly to the promotion of health habits. It is the *what* rather than the *why* which should be impressed on the younger children. With the older children, the reasons for health rules take more prominence, and in the upper grades the habits which have been formed in the lower grades should be reinforced

by accurate scientific knowledge. The material of instruction in hygiene should be taken from life; and textbook instruction, if any, should be merely incidental. In the upper grades the pupils should be interested in public health movements, and much information of personal value can be thus indirectly conveyed. For instance, in studying the phases of the campaign against tuberculosis, the pupil learns many facts about the disease and its prevention, with the advantage that his attention is directed outward and is not morbidly turned upon himself.

We have been too much accustomed to regard health as something arbitrarily given or withheld from us by Providence—something over which we ourselves have no control. We now know that in order to obtain health we must earn it by obeying the laws of health. The most fundamental of these laws relate to cleanliness, within and without, proper diet, exercise, rest, and fresh air. Obedience to these laws must become almost automatic in the child's life, so that he will be uncomfortable unless, for instance, his hands are clean, his bowels thoroughly evacuated, his food simple and wholesome—so that he will be uncomfortable in foul air, and will automatically seek fresh air and enjoy playing and sleeping in it.—Child Health Organization, Bureau of Education, Washington, D. C.

THE NEED OF MENTAL RECREATION.

By J. W. COURTNEY, M.D.

With a terrible emotional incubus fastened upon a brain which is being forced to work in a single rut, as it is in the case of inventors, specu-

lators, and promoters of schemes, it is easy to see why it soon comes to the end of its forces; and the hygienic hint therein contained is

Besides, much of the garbage can be burned by the householder in winter. It is in summer that the collection of garbage is essentially needed. Motor trucks will have no difficulty to operate successfully at that time.

Finally, we also believe that it would help if garbage cans were provided as part of the garbage collection service, and if these receptacles were placed in covered cement wells,

as is the practice in some cities. This latter feature would prevent cats and dogs from getting at garbage and scattering it about.

We realize that this is a rather large program and one that can hardly be carried out within a single year, yet we feel that improvement, and the ultimate solution of the garbage collection problem, can be reached by carrying out such a program.

PATENT MEDICINES

JOHN P. KOEHLER, M. D., Deputy Commissioner.

At the present writing our daily newspapers do not contain so many patent medicine advertisements. This no doubt is due to the fact that the publicity man for patent medicines realizes that people don't have so many aches and pains during the warm months and are therefore not looking for something to cure headache, backache, stomach-ache or toothache.

Perhaps also it doesn't pay to advertise too much in summer, because most of the suckers have gone to the lakes where the other fish are.

However, our old friend Tanlac is still advertising. The head-line is as follows: "Spent \$500.00 in Seeking Health." It doesn't explain in detail how this \$500.00 was spent. Perhaps a big part of it went for other patent medicines. Perhaps the chiropractors got a little of the \$500.00. Maybe even a Christian Science healer wasn't afraid of this woman's money. No doubt a substantial amount of this \$500.00 also went to doctors of medicine, but we venture to say that not any one doctor got very much of it. After reading the testimonial we feel

justified in stating that this woman is like thousands of other patients who run from one doctor to the other, seeking health and then blame the medical profession for not finding it. If you are sick and wish to get well don't see many doctors, but see one conscientious doctor many times.

According to the testimonial, this patient had kidney trouble, headaches and stomach trouble, which all vanished after taking three bottles of Tanlac. If this woman really had diseased kidneys before taking Tanlac, we are certain that if the woman is still alive, her kidneys are worse than ever, for Tanlac contains alcohol, and alcohol is poison to the kidneys.

Mrs. T. further states that she has been cured of her stomach trouble and has gained ten pounds in weight. We know of a Fred Wick who also claimed that he gained ten pounds in weight and was cured of stomach trouble by taking Tanlac. This Fred Wick, however, died from cancer of the stomach two days before his testimonial appeared. Who knows how Mrs. T.'s stomach is at the present time?



FIRST AID TO THE INJURED



BURNS AND SCALDS.

As soon as the injury is received plunge the part in cold water, preferably ice water. This checks the action of the heat and instantly stops the pain. If boiling water or soup is spilled over the leg or foot do not wait to remove the clothing but thrust the entire part into a bucket of water or pour cold water freely over it. Keep submerged in cold water, or covered with a cold-water dressing, which is frequently renewed for 20 minutes to a half hour, depending upon the severity of the injury. Then apply a permanent dressing. There are many ways of treating burns, all of which have their advocates.

A very satisfactory dressing is plain vaseline. This is spread with a knife on clean pieces of old muslin, gauze, or similar material, just as butter is spread on bread. The prepared cloth is then cut into strips and the strips laid on the burns "battered" side down. The plan of using several or more small strips is better than applying one large piece, as the smaller dressings come off much more easily when the burn is re-dressed. A thin layer of cotton may be applied over the muslin or gauze to protect the part from injury and the entire dressing held in place by a suitable bandage. *Never, under any circumstances, apply cotton directly to a burn.* A good deal of fluid exudes from a burn,

and this fluid will harden in the cotton and cement it firmly to the surface of the wound so that it can not be removed without great pain and interference with the healing process.

Blisters may be opened by a needle, the point of which has been passed through a flame. The dressings should be removed at the end of 24 hours and fresh ones applied. Every household should keep on hand a large jar of vaseline for the purpose of dressing burns. Boric acid ointment makes a most excellent dressing for injuries of this sort. A substitute is made by thoroughly mixing one part of boric acid with ten parts of petroleum molle or vaseline. In the absence of vaseline use sweet oil, olive oil, castor oil, or some of the many preparations of liquid petrolatum now so extensively advertised for the cure of constipation. In emergencies automobile grease or cylinder oil may be used, but always put the medicine on the dressing and then lay that on the wound rather than to attempt to spread the medicine on the surface of the burn itself. Carbolyzed vaseline should never be used on a burn, as the carbolic acid, if of any considerable strength, is apt to cause extensive sloughing of the part and deep ulcers, which are extremely difficult to heal. In all cases of severe burns call a doctor.—U. S. Public Health Service.

Sore eyes in new-born babies should receive prompt attention.

MILWAUKEE HEALTH DEPARTMENT SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.

Eighth Floor:

Tuberculosis Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

OFFICE HOURS.

8 A. M. to 12 M.; 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

SOUTH SIDE DISPENSARY, WOOLWORTH BLDG., 5TH AVE. AND MITCHELL ST.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY (MARQUETTE MEDICAL SCHOOL), 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 60.

Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

GREENFIELD PREVENTORIUM FOR CHILDREN.

Telephone, Wauwatosa 181.

Visiting Hours, Sunday, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HOW TO LIVE.

LESSON VII.



P O S T U R E .

The natural posture for humans is an erect one; head up; chin in, chest out, abdomen retracted.

This position will permit the best functioning of the organs and provide proper circulation.

Don't crowd chest or abdomen; don't slouch. A slouching position—chest sunken, abdomen protruding—hampers the circulation and interferes with the proper function of the organs in chest and abdomen.

Headaches, backaches, digestive trouble, and general poor health, frequently result from faulty posture.

A slouchy posture may not always mean physical and mental deterioration; but it certainly will lead to it, if not corrected. Don't be a slouch.

STAND ERECT. WALK ERECT. SIT ERECT.

Milwaukee Health Department.

How Much for Health?

Per Capita Cost of Health Department
Work as compared with other
city departments

BUDGET FOR 1918

Department of Public Works.....	\$7.27
School Board	6.80
Fire Department	2.40
Police Department	2.38
Continuation School	1.21
Park Board	.98
HEALTH DEPARTMENT	.69

Milwaukee Health Department.

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of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

SEPTEMBER 1919.

Vol. 9, No. 9.



“Happiness lies, first
of all, in Health”

George William Curtis.

*THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF
HEALTH AND SANITARY SCIENCE FACULTY*

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

C. L. KENNEY, M. D.,
Contagious Diseases.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. E. CHURCH,
Bacteriology.

RUSSELL W. CUNLIFFE,
Chemistry.

GEORGE E. ADAMS,
Vital Statistics.

F. T. THOMSON, M. D.,
Sanitation.

H. H. BRYANT, D. V. S.,
Food Hygiene.

ORDINANCE YOU OUGHT TO KNOW.

Drugs not to be thrown on streets.

Section 903. It is hereby made unlawful for any person, firm or corporation, or for any officer, member, agent, servant or employe of any firm or corporation to leave, place, throw, deposit or distribute any sample packages of any patent or proprietary medicine, or any preparation, pill, tablet or drug, or compound drug whatsoever, in or upon any lot, doorstep, private dwelling house, public building, store or office building, or to deliver to any child under the age of fifteen years, when not accompanied by an adult, any patent or proprietary medicine, or any preparation, pill, tablet or drug, or compounded drug whatsoever, or to place, throw, deposit or distribute any sample packages of any patent or proprietary medicine, or any preparation, pill,

tablet or drug, or compound drug whatsoever, in or upon any sidewalk, highway or other public place or park within the limits of the city of Milwaukee.

Penalty.

Section 904. Every person, firm or corporation, and every officer, member, agent, or servant of any firm or corporation who shall violate any of the provisions of the foregoing section shall, on conviction thereof, be punished by a fine of not less than one dollar nor more than fifty dollars, together with the costs of the action, and in default of payment thereof shall be imprisoned in the house of correction of Milwaukee county for not less than thirty days nor more than ninety days in the discretion of the court.

**With the high cost of living do not forget
the high cost of dying.**

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

SEPTEMBER 1919

WILL THE FLU RETURN?

By George C. Ruhland, M.D., Commissioner of Health.

It is just about a year ago that the pandemic of influenza-pneumonia in its world-encircling course burst in full fury upon the cities of the North American continent.

The epidemic was the most deadly that ever came to this country. Within three months, during which the epidemic reached its height, more than half a million people died as its victims in the United States alone.

That means a mortality of more than six times the number of dead lost by the United States during the eighteen months of our participation in the great world war.

Milwaukee, although vastly more favored than any other city in her class, unfortunately lost 1,108 of her citizens, and the epidemic stands as an unequalled experience in the history of the city.

It is, under the circumstances, not unnatural that with the anniversary of the epidemic and its bitter memories, the question should present itself—will the flu return?

We understand that there are those who, basing their experience on the last pandemic of influenza some thirty years ago, answer this question in the affirmative, and tell us that the worst is yet to come.

We do not feel that such a categorical answer is at all justified. Whether or not the epidemic will return, and if it does, whether it will

be severe or less so, seems to us entirely an idle speculation in which one man's guess is practically as good as another's.

If there is anything to be gained out of the experience of the epidemic of thirty years ago, it is this fact—and it is a comforting one—that that epidemic left a widespread immunity, since the records of last year's epidemic show that the disease attacked particularly those under thirty years of age.

In view of the wide spread of last year's epidemic, it is reasonable to conclude that the public has been largely immunized and that, therefore, the epidemic, should it return, will be of a greatly lessened severity. This opinion should not be taken as an excuse for indifference or carelessness; on the contrary, our advice is: be prepared.

With this in view the department urges upon the public to carry out again those measures which in last year's epidemic have been found of value.

These measures are—first, to keep yourself in as good health as possible. That means, eat enough, but do not overeat; get plenty of fresh air; sleep with bed room windows open, practice deep breathing; dress rationally, and keep the feet dry; sleep at least eight hours out of twenty-four; avoid excesses; and attend to proper elimination.

In the second place, avoid contact with all known cases of acute contagious disease; observe personal cleanliness; and avoid the unnecessary and much overdone handshake; use your handkerchief when coughing and sneezing, and insist that others do so likewise.

Thirdly, give prompt attention to oncoming illness. Do not try to fight off a cold by keeping about. Go to bed promptly and call a physician.

In addition thereto, report promptly all cases of influenza to the Health Department as required by state law.

A word might here also be said with regard to the use of pneumonia vaccine as a preventative. The fuller reports of the government with regard to the protective use of pneumonia vaccine are now at hand, and from these it appears that the use of this vaccine is well worth while. The department, therefore, urges its use as a preventive measure.

HEALTH DEPARTMENT SUBSTATIONS.

At the present time the activities of the Health Department, outside of the hospital service, are all directed from the central offices of the department in the City Hall. This arrangement, as might be expected, is a considerable handicap to the service, and does not permit the department to do as efficient work for the public as it should and might with the number of employes engaged.

The disadvantage is particularly apparent in the nursing service. At the present time the nurses of the department are obliged to travel long distances across town to report to the one down town office of the Health Department, respectively, they are obliged to take children who require dental work or other special examinations to the down town office. Almost 25 per cent of the time of the nurses is lost merely in needless travel on this account.

This difficulty could be overcome if the department had substations in various parts of the city. There should be at least five substations; two to be provided at once, one to be

located on the south side and one on the northwest side. These stations should include all the clinical and dispensary facilities which the department now offers, and should also serve as a place from which the nurses in a given district would operate. Not only would this represent a great economy by cutting down on the time lost by the nurses as well as the school children, but it would also greatly strengthen the efficiency of the department by bringing the service to where the public could more readily make use of it.

Milwaukee, as a city of over half a million inhabitants, has grown too large for a single Health Department station. The Health Department needs substations just as much as the Fire and Police Departments must have stations in various parts of the city, or the public schools must be distributed throughout the city. The location of such substations, which preferably should be located in buildings owned by the city, might well be included in the considerations of the City Planning Commission.

How to Reduce the High Cost of Living.

By John P. Koehler, M.D., Deputy Commissioner of Health.

One great fault of humanity is to blame someone else for all existing evils and to claim credit for everything that has any merit.

At the present time, everybody is blaming everybody else for the high cost of living. If the high cost of living could be traced to one individual or to a class of individuals, it would be an easy matter to remove the cause, but since the very people who complain the most of the high cost of living are responsible for the same, it becomes a very complex situation. We believe that the consumer is as much responsible for the high cost of living as is the producer. The price of anything can be reduced by either increasing the supply or decreasing the demand. At the present time, it is rather difficult to increase the supply owing to the shortage of labor, so that if the consumer wishes relief, it is up to him to reduce his demand.

The standards of living among the poorer people have so been raised, that the girl with a seven dollar a week income dresses like her wealthier sister who has an unlimited income. The young man with a hundred a month income dresses like a millionaire and feels that a Ford is no longer good enough for him. Poor parents are not going to allow their wealthier neighbor's children to have things that their own children have not. As a result, the movies and ice cream parlors are patronized regularly. Bicycles, motorcycles, phonographs, pianos, etc., are bought at ten down and ten a month.

When we were young, we were happy and healthy. We had ice cream on the Fourth of July and good old mixed candy at Christmas. Mother patched older brother's trousers at four different places—two in the front and two in the rear—which we wore to school. The shoes we wore in winter weren't always our size, but we got even by not wearing any in summer. In those days, we didn't know what malnutrition was and yet if children of today had to eat what we did, charitable organizations would be called upon for assistance. We believe in wholesome food, warm clothing in winter and little clothing in summer, fresh air, eight hour working day, sanitary homes, recreation and sufficient wages to more than pay for these necessities, but we do not believe in people with limited funds trying to keep up the pace set by people with means. The poor can never catch up with the rich, because the latter will increase his pace rather than to be caught, and the faster the pace the more expensive the race. Let us decrease our demands and see what happens. There is a shortage of sugar. Why not have candy-less days, or candy-less weeks or even candy-less months? Ice cream-less days or weeks would keep down the price of milk and cream. There is a shortage of ice. Ice in most homes is a luxury and not a necessity. Use ice only to save food and lives and not to tickle your palate. Let's have more meat-less days and veal-less years. Some scientists blame the increase of cancer to the increased meat

consumption. If we want more meat and more milk, we must stop eating up the calves. If we want clothing to become cheaper, we must ignore style and go to our attics for our Fall and

Winter suits instead of to the tailor or clothing store. Let us use more common sense in our living and see if that won't make everything more common.

WHAT YOU SHOULD KNOW ABOUT CANCER.

From present knowledge it appears that cancer is on the increase.

Within the last ten years cancer has increased by nearly four per cent. in the city of Milwaukee.

Last year 352 persons died in Milwaukee from cancer.

During the Great War the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in this country. One out of every ten persons over forty dies of cancer.

Many of these deaths are preventable, since cancer is frequently curable, if recognized and properly treated in its early stages.

Cancer begins as a small local growth which can often be entirely removed by competent surgical treatment, or, in certain external forms, by using radium, x-ray or other methods.

Cancer is not a constitutional or "blood" disease; there should be no thought of disgrace or of "hereditary taint" about it.

Cancer is not a communicable disease. It is not possible to "catch" cancer from one who has it.

Cancer is not inherited. It is not certain even that a tendency to the disease is inherited. Cancer is so frequent that simply by the law of chance there may be many cases in some families, and this gives rise to

much needless worry about inheriting the disease.

The beginning of cancer is usually painless; for this reason its insidious onset is frequently overlooked, and is too easily neglected. Other danger signals must be recognized and competent medical advice obtained at once.

Every persisting lump in the breast is a warning sign. All such lumps are by no means cancer, but even innocent tumors of the breast may turn into cancer if neglected.

In women continued unusual discharge or bleeding requires the immediate advice of a competent doctor. The normal change of life is not accompanied by increased flowing, which is always suspicious. Do not expect the doctor to tell you what the matter is without making a careful physical examination.

Any sore that does not heal, particularly about the mouth, lips or tongue, is a danger signal. Picking and irritating such sores, cracks, ulcerations, etc., or treating these skin conditions by home remedies, pastes, poultices, caustics, etc., is playing with fire. Warty growths, moles, or other birthmarks, especially those subject to constant irritation, should be attended to immediately if they change in color or appearance, or start to grow. Avoidance of chronic irritation and removal of just such

seemingly insignificant danger spots may prevent cancer.

Persistent indigestion in middle life, with loss of weight and change of color, or with pain, vomiting, or diarrhoea, call for thorough and competent medical advice as to the possibility of internal cancer.

Radium is a useful and promising means of treatment for some kinds of cancer, in the hands of a few skillful surgeons and hospitals possessing

sufficient quantity of this rare and very expensive substance; it must not be thought of as a cure-all for every form of cancer. No medicine will cure cancer. Doctors and institutes which advertise "cures without the knife" play upon the patient's fear of operation in a way that leads too often to the loss of precious time, and fatal delay in seeking competent treatment. Go first to your family physician.

PATENT MEDICINES

We were called in the other day to examine and treat a man who complained of stomach trouble. We were scarcely seated near the bed of the patient when her husband volunteered the following testimonial:

"My wife has had trouble with her stomach all summer. She has been taking all sorts of stuff. A fellow I am working with told me to get her a bottle of Tanlac, which I did, and since then she is getting worse. That stuff isn't worth a d——."

For every testimonial secured by the patent medicine man proclaiming his stuff as marvelous, we can get many saying that "it isn't worth a d——." According to the advertisements of some patent medicines, thousands of bottles are sold daily, so that it is reasonable to assume that a few out of these thousands can be found who will recommend a bottle to others. Those who feel like saying, "That stuff isn't worth a d——," are seldom heard from.

When people decide to buy an automobile, they give very little attention to advertisements of automobiles, but consult their friends and automobile experts for advice. When they decide to buy a home, they do not buy because it is advertised as the "most modern home" in the city, but they only buy after having examined the house from basement to attic and are convinced that it is what they want and need. There are very few things that people buy without knowing what they are getting. They are usually from Missouri and want to be shown. When it comes to buying health, however, people do not always investigate before buying. Instead of getting the advice of experts, they follow the advice of patent medicine advertisements.

Instead of getting your advice from strangers through newspaper advertisements, we would advise you to seek the advice of your family physician when in need of better health.

It costs the taxpayer \$200 every time the fire department is called out to save a building, but what city is willing to spend 200 cents for a call that might save a life?

"HELPING PEOPLE TO HELP THEMSELVES."

Some of the Activities of the Public Health Nurse.

MAXINE BIEBESHEIMER, R. N.,

SCHOOL SERVICE.

School Medical Service is provided in 65 Parochial Schools, the total number of pupils being about 26,000. In connection with school children, the department has three main functions; to prevent epidemics, to discover remediable physical defects and to have them treated and to develop knowledge and habits of personal hygiene.

Because a doctor costs about twice as much as a nurse, it is the policy of the department to have the Public Health Nurse do as much as she can of this work, thus making it possible for the physician to spend all of his time on doing those things that demand his special medical skill and standing.

To prevent epidemics, the essential thing is to remove from the class room those children that have or are developing a communicable disease. Periodical class room inspections are made, and the teachers send to the nurse all pupils that they suspect of being ill. Moreover, all children who are absent from school for two or more days are examined by the doctor or nurse before they are permitted to re-enter their classes. If, upon examination, the doctor or nurse suspects a communicable disease, they immediately send the child home with instructions to the parent to keep him isolated until a Public Health Nurse or Physician can visit and decide whether or not the suspicions were justified.

In connection with the dental inspection of school children the nurses perform a somewhat similar function. During the first four months of this year, 1919, the number of children given examinations was over 3,400. In addition, the nurse makes all appointments for treatment of pupil's teeth in the dental clinic, obtaining parent's written consent, etc. She is responsible for getting the proper number of children to the clinic each day for the dentist to operate upon. The same is true in the eye, ear, nose, and throat work.

In the health education of the children the lion's share of the work falls to the nurse. Everything that she does in school is a means for pointing a lesson to the child. Besides the opportunity for class room health talks are being used with increasing success.

Girls' Health Leagues, formerly known as "Little Mothers Classes," are being conducted in five centers. The course consists of eleven lessons and is given to girls from Junior Fourth Classes, selected by the school principals. Demonstrations are given of those features of infant care which are of interest to girls of twelve years of age. The interest has been such that the enrollment has increased since the beginning of the course. The Board of Education has arranged for the nurses to be given instruction in the Principles of Teaching in preparation for the course.

Emergency work in the schools

usually falls upon the nurse. Simple dressings are quite within her scope. The handling of pediculosis i. e. lousiness, which is surprisingly prevalent, is also, entirely in her hands.

TUBERCULOSIS WORK.

The chief problem in tuberculosis work is to teach the patient and the family how to live in such a way as to improve their own chances and not to be a menace to those about them. The Public Health Nurses visit cases of tuberculosis with the permission of the reporting physicians, and give practical instructions and assistance. Almost 8,000 such visits were made the first six months of this year.

To provide specialist medical diagnosis and treatment for those that cannot afford the service, the Associated Tuberculosis Clinics are operated in the various parts of the city, for which clinics the Public Health Nurse supplies the follow-up work.

These are the more important of the nurses' duties. There are so many minor tasks that fall to her hands to do that it would be impossible to enumerate them all. The above statement will suffice to convey a fair idea of the many sided character and the tremendous bulk of the work of the Public Health Nurses.

In fact the Division of Public Health Nursing has as many activities as a Community has Health Problems to solve. Those various duties carry the Public Health Nurse into homes in every section of the city, into public and separate schools, institutions of many kinds, and into the out-patient departments of the hospitals. The plan of organization is efficient because each nurse has a definite area of the city for which she is responsible, because she can bring the families in her district into touch with the necessary medical, nursing or social help.

A FAIR SOLUTION OF THE CHILD LABOR PROBLEM.

By *John P. Koehler, M.D.*, Deputy Commissioner of Health.

After having examined several thousand children for labor permits, we feel more undecided than ever whether child labor ought to be regulated or abolished. It is not an easy matter to decide whether the child, parent, employer or state would be the loser if child labor were abolished.

About 90 per cent of the children examined for labor permits were under 16 years of age. It therefore seems that if the minimum age of 14 years were raised to 16 years, before granting a labor permit, we would be

able to keep in school one or two years longer, 90 per cent of all children working under a labor permit. If children cannot be kept in school any other way, we approve of not permitting them to go to work under 16 years of age. However, the following facts must be considered in all fairness to everyone concerned, before the passing of such a law: Children having finished the 5th grade, in most instances, enter the same industries as children having finished the 6th and 7th grades. This

shows that one or two years longer in the grades does not help the children to get better positions. In order to get much out of a 6th, 7th or 8th grade education, a child should continue through high school. A plan should, therefore, be carried out which will not only make it possible for a child to remain in school a year or two longer than the 5th grade, but to make it possible for every normal child to get a high school education or its equivalent.

Our experience further convinces us, in spite of contrary findings by other men, that most children will develop better physically by doing light, regulated physical labor than by doing mental labor in schools. Therefore, we are not justified in compelling children to remain in school for health reasons. Many of these children receive better food and warmer clothing as soon as they contribute to the family income. Children who earn money will always get more consideration from neglectful parents.

About ten per cent of children applying for labor permits were without a father and three per cent without a mother. In many other families the father was sick and unable to work regularly. Other families were so large that no one could honestly expect the father to earn enough for

their support. Therefore, we may safely say that many families would suffer, if children under sixteen were not permitted to work, unless the state contributed to the income of such families.

We know of one way whereby children can remain in school until through high school and still earn enough to at least support themselves. It may appear impractical, but we do not see why it could not at least be tried out in one school and in one large factory employing children. Our plan is to have children go to school from 8 to 12 A. M. and work from 1 to 5 P. M. and another shift to work from 8 to 12 . M. and go to school from 1 to 5 P. M. Four hours a day for mental and four hours for physical work is enough for any child under 18 years of age. If one teacher cannot handle two shifts a day, get two teachers. Our educational system must meet the needs of the people who need education. The employer of child labor must consider the needs of the child or face the abolition of child labor. Boys who work their way through college turn out to be some of our big men, so why not give our children an opportunity to work their way through the grades and high school? Give poor children a chance.

FREE LIFE SAVERS.

The Milwaukee Department of Health furnishes the following prophylactic and curative agents free of charge.

Vaccine virus for the prevention of smallpox;

Diphtheria antitoxin for the prevention and cure of diphtheria;

Typhoid vaccine for the prevention of typhoid fever;

Tetanus vaccine for the prevention of lockjaw;

The laboratory of the Department makes free examinations for the diagnosis of diphtheria, tuberculosis, typhoid fever, pneumonia, gonorrhoea, syphilis, and rabies.



FIRST AID TO THE INJURED



SORE THROAT (TONSILLITIS, QUINSY).

Sore throat is a common disease. It is usually the result of exposure to wet and cold. Talking, laughing, or shouting in a damp, cold atmosphere is sometimes the cause of it. It may accompany or be an extension from an ordinary "cold in the head." It is a complication of diphtheria, scarlet fever, small pox, tuberculosis, and syphilis. It is caused also by drinking milk drawn from cows with sores on their teats. Sometimes the inflammation is limited to the mucous membrane of the pharynx and soft palate; it is then known as pharyngitis or acute catarrhal sore throat. More frequently the tonsils are affected, and the inflammation is then called tonsillitis. When the inflammation is more deeply seated behind the tonsil and tends to suppurate or form an abscess, the term "quinsy" is applied. An attack of sore throat may last from 2 to 10 days or longer.

Symptoms of acute sore throat are soreness on swallowing, dryness, or a chilliness and feverishness, pain or tickling or scratching sensation in the throat.

There is liable to be stiffness and some tenderness along the side of the neck. If one or both tonsils are involved, as they usually are to a greater or less extent, the symptoms are more severe. In marked cases examination shows redness and swelling of the parts affected—swollen tonsils (tonsillitis) and white or cream-colored spots may be seen on the sur-

face of one or both tonsils. (This form of the disease is frequently mistaken for diphtheria.) There may be high fever and great prostration.

In the severest form of tonsillitis (quinsy) the tonsil is hard and swollen to twice or three times its natural size, and the patient is unable to swallow or to open his mouth beyond a fraction of an inch. The saliva dribbles away; if suppuration occurs the tonsil gradually softens until the abscess breaks. With the discharge of pus the severe pain is relieved and the patient rapidly recovers. If the abscess is large, and if the pus is discharged in a backward direction there is danger from suffocation, particularly if the abscess break during sleep. Fortunately the abscess usually points toward the mouth, and the pus runs out.

Treatment.—Persons who are subject to attacks of sore throat should keep their feet dry and be careful not to catch cold. If a case develop, give a gargle of salt water or potassium chlorate and water (saturated solution), or boric acid and water may be applied to the tonsil. Dry bicarbonate of soda (baking soda) is highly recommended as a local application, a small quantity to be applied every hour. Apply cold water or a light ice bag to the neck, or a thick piece of flannel saturated with ice water may be placed around the neck and covered with muslin. Small pieces of ice placed in the mouth are usually agreeable. The bowels should

be kept open by means of Epsom salts.

If the cold applications to the neck do not give relief, or if they are not agreeable to the patient, apply hot water or poultices and give hot gargles, or let the patient gargle with

hot tea. If the swelling is very great, he can not gargle. Since sore throat may be a symptom of a more serious condition, it is always best to call in a physician early.—United States Public Health Service.

COUGHS AND COLDS.

When a person has a cough that lasts more than two or three weeks, even though the symptoms are mild, the case is serious enough to require an examination by a physician, and one should be consulted on the first opportunity.

A case of bronchitis or bad cold usually begins with a cough, sometimes starting with an irritation in the throat, which gradually travels down into the lungs. Though the cough at first is dry, there will be some expectoration later on, especially marked in the morning on first arising. It may at first be white and tenacious, later on becoming yellowish. With this there will be some soreness over the upper and front part of the chest, and if the cough is violent there will be considerable soreness of the muscles between the ribs.

Treatment.—For the soreness over the chest a good rubbing with soap

liniment may help to relieve the symptom. The bowels should be kept open by a tablespoonful of Epsom salt, when necessary.

Patients with coughs and colds should not be kept in a hot, dry room without ventilation. Plenty of fresh air should be allowed to come into the room, with the precaution, however, that the patient be not exposed to a draft and that he be properly clothed so as not to become chilled when the weather is cold.

A cold in the head may often be aborted if the patient, when he feels the cold coming on, will take a hot bath or a hot mustard foot bath, go to bed, drink hot lemonade or hot weak tea, and cover himself up well until a good perspiration is induced. Care should be taken next day to wrap up carefully if he goes out of the house, as otherwise the symptoms may return in greater severity.—United States Public Health Service.

PHYSICAL EDUCATION AND NATIONAL GROWTH

General Wood states that approximately 30 per cent of the men of military age were rejected as unfit. Of the remaining 70 per cent who were sent to the training camps, 8 per cent were rejected as unfit for military service, and this under standards much lower than those in effect in the Regular Army in

time of peace. It is safe to say that 50 per cent of our men were unfit for field service in war. This is bad enough from the military standpoint, but it is even more serious from the standpoint of industrial efficiency. In the men from the South came a large proportion with hook-worm and its attendant anaemia and sluggishness of mind and

muscle. There was also a large percentage of vice diseases. The state should take a much broader and deeper interest in the welfare of its youth. More thorough instruction is needed in personal hygiene. A powerful agency in cor-

recting existing physical defects will be found in universal training for national service, and our physical training must be broad enough also to reach the girls and young women of the land.—The American Journal of Public Health.

WHY REGISTER BIRTHS?

That the birth, date of birth, parentage and other essential information for governmental and identification purposes may be made a matter of official record.

That the ages of school children may be definitely known, making the proper enforcement of school laws possible.

That the laws affecting child labor may be effective, and the children of the poor thereby protected.

That litigation in matters of inheritance and settlement of estates may be simplified by the definite

knowledge of the ages of all persons concerned.

That the American-born children of foreign-born parents may have indisputable evidence of American birth which will protect them from enforced military service when visiting the mother country of the parents.

That blindness may be prevented by prompt medical attention to the infected eyes of the new born.

That infection and mortality among women may be prevented and that young babies may be saved by immediate attention by existing agencies for the relief of the poor.—Bulletin Kansas State Board of Health.

WHY REGISTER DEATHS?

That there may be available complete and accurate information as to deaths of all human beings, with dates of death and causes of death, to the end that preventable causes of death may be eliminated and human lives lengthened.

That the various public health agencies—national, state and municipal—may determine what part of our mortality is preventable and when and where preventable deaths occur.

That pestilential and epidemic diseases may be detected promptly.

That we may apply our remarkable scientific knowledge of disease prevention at the time and in the place

where such application is most needed.

That home-seekers and immigrants may be guided in the selection of safe and healthful homes by accurate information rather than by misstatement of interested persons.

That the settlement of estates and matters of inheritance, pensions, etc., may be definitely settled by official record of death instead of on the memory of interested witnesses.

Death registration without birth registration is like an accurate accounting of expenditures without consideration of income.—Bulletin Kansas State Board of Health.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.

Eighth Floor:

Tuberculosis Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

SOUTH SIDE DISPENSARY, WOOLWORTH BLDG., 5TH AVE. AND MITCHELL ST.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY (MARQUETTE MEDICAL SCHOOL), 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 60.
Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.
Visiting Hours, 3 to 5 P. M.

GREENFIELD PREVENTORIUM FOR CHILDREN.

Telephone, Wauwatosa 181.
Visiting Hours, Sunday, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.
Emergency Hospital.
South Side Contagious Disease Hospital.
Union Pharmacy, 1120 Walnut St.
Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HOW TO LIVE.

LESSON VIII.



DENTAL HYGIENE.

Teeth are the first aid to digestion.

To digest food well requires proper mastication; proper mastication demands good teeth.

Bad teeth produce stomach trouble.

Bad teeth mean infected teeth; infected teeth cause absorption of pus; pus absorption produces poor health.

Have all decayed teeth looked after promptly; have a dentist examine your teeth once a year or oftener.

Keep your teeth in good condition by keeping them clean.

BRUSH YOUR TEETH AT LEAST TWICE DAILY.



Milwaukee Health Department.

How Much for Health?

Per Capita Cost of Health Department
Work as compared with other
city departments

BUDGET FOR 1918

Department of Public Works.....	\$7.27
School Board	6.80
Fire Department	2.40
Police Department	2.38
Continuation School	1.21
Park Board	.98
HEALTH DEPARTMENT	.69

Milwaukee Health Department.

UNIVERSITY OF ILLINOIS

STATE WATER COMMISSION
Library Copy

◆=====Bulletin=====◆

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

NOV.-DEC. 1919.

Vol. 9, Nos. 11-12.

UNLESS this country is made a good place for all of us to live in, it won't be a good place for any of us to live in.

—THEODORE ROOSEVELT.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

C. L. KENNEY, M. D.,
Contagious Diseases.

E. T. LOBEDAN, M. D.,
Child Welfare.

GEORGE R. ERNST, M. D.,
Tuberculosis.

F. E. CHURCH,
Bacteriology.

GEO. P. BARTH,
School Hygiene.

RUSSELL W. CUNLIFFE,
Chemistry.

GEORGE E. ADAMS,
Vital Statistics.

T. F. THOMSON, M. D.,
Sanitation.

H. H. BRYANT, D. V. S.,
Food Hygiene.

AGNES J. MARTIN, R. N.,
Supervisor of Nurses.

ORDINANCE YOU OUGHT TO KNOW.

Cleaning of sidewalks of snow and sprinkling with ashes, sawdust or sand.

The owner, occupant or person in charge of each and every tenement building in the city of Milwaukee, fronting upon or adjoining any street, and the owner or person in charge of any unoccupied building or lot fronting as aforesaid, shall clean the sidewalk in front of or adjoining such tenement or building or unoccupied lot or building, as the case may be, of snow or ice to the width of such sidewalk by twelve o'clock noon of each day, and cause the same to be kept clear from snow or ice; provided, that when ice has so formed on any sidewalk that it cannot be removed, then the persons herein re-

ferred to shall keep the same sprinkled with ashes, sawdust or sand; provided, also, that in case snow shall continue to fall for some time, then, and in that case, it shall be removed immediately after the same shall cease to fall.

Any person who shall fail to comply with the provisions hereof shall forfeit for each offense the sum of not less than one dollar nor more than five dollars, and the further sum of five dollars for each and every day said violation is continued. In construing the provisions of this section, where the premises are occupied, the occupant or person in charge shall be deemed the proper person whose duty it shall be to comply with the provisions of this section.

A clean house with plenty of fresh air and sunshine is a long step in the direction of health says the United States Public Health Service.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

NOV.-DEC. 1919

THE 1920 BUDGET. An Appreciation.

BY GEORGE C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

At the present writing, the larger part, and the most important of the Health Department's requests for the 1920 budget have already been favorably acted upon by the Common Council. It seems certain now that final action of the Council will provide the \$1.00 per capita for health which the Health Department has asked for.

This is a most gratifying achievement, and one that holds definite promise for improved health conditions in Milwaukee.

While, in the main, the health records of Milwaukee compare very favorably with those of most of the large cities, and with the country at large, it is and has been clear to those familiar with the health needs of the city, that the results obtained here so far are not as good as might be, and that still better work can be done provided the necessary means are furnished.

Fortunately, for the good of the city, public opinion seems to be awakened more than ever to the realization of these facts, and to an appreciation that good health constitutes the biggest asset of a community.

The passage of the 1920 budget, which will make a substantial addition to the personnel list of the

Health Department, is a frank avowal of public opinion for more and better health protection.

We feel certain that public confidence will not be disappointed. The investment in health will bring definite and commensurate returns, and while the full measure of the good which the enlarged service is bound to bring, will be determinable only within the space of years, we are, nevertheless, confident that even within a year's time, the benefits will be apparent in a reduced infant morbidity and mortality rate.

To the many agencies that have come to the support of the Health Department for the passage of the 1920 budget, as well as for the splendid co-operation which these agencies are constantly giving, the Health Department wishes herewith to acknowledge its appreciation and indebtedness.

In a like manner do we feel is the Common Council deserving of credit and public approbation for seeing and providing for the greater health needs of the city. The furtherance and promotion of health is the best service those elected to public service can render to their constituency. The Council has acted both wisely and well.

PNEUMONIA.

UNITED STATES PUBLIC HEALTH SERVICE.

When a person suddenly has a severe chill followed by a high fever, flushed face, difficult breathing, and a pain in his chest, he may be suffering from pneumonia, and as this is a dangerous disease the services of a physician should be obtained at once.

The disease is due to a germ known as the pneumococcus. It is a constant inhabitant of the throats of healthy people and apparently does no harm until the resistance of the body is lowered by disease, lack of food, drunkenness, or exhaustion due to severe physical exercise. Persons frequenting badly ventilated stores, factories, theaters, street cars, or other places where there are crowds are liable to contract pneumonia. Chilling of the body when overheated may bring on an attack. Many elderly persons suffering from chronic diseases die of pneumonia, the disease being often spoken of then as a terminal pneumonia.

Pneumonia is usually characterized by the following symptoms: The sputum is abundant, tenacious, and of a reddish-brown color, whence the name "rusty sputum." The color is due to the admixture of small quantities of blood. The pulse at first is full and bounding, but later may become weak, rapid, and barely perceptible at the wrist. Breathing is embarrassed, the respiratory movements are rapid, 30 to 50 per minute, the patient is restless and often can not lie down, but has to be propped up in bed or sit in a chair. There may be delirium, and if not watched the patient may

jump out of a window and injure himself severely. The fever in a typical case remains high until the seventh or ninth day, when it will frequently drop to normal in a few hours. This is called the crisis, and if there are no complications it is followed by great improvement in the patient's condition and he generally goes on to recovery. In other cases the temperature does not return to normal, but only falls a degree or two for a short time and then rise again. This is called the false crisis and is of unfavorable import, especially if accompanied by profuse sweat and blueness of the skin.

A little care and common sense will go a great ways in avoiding the development of pneumonia. Do not expose yourself to a draft when overheated. When chilled do not drink whisky or other alcoholic beverage, as the liability to contract pneumonia is increased by alcohol, for although it gives a feeling of well-being, the temperature of the body is lowered and the power to resist disease is diminished by its use. A cup of hot tea or coffee, on the other hand, is beneficial and helps to restore the body to its normal condition. It should be remembered that pneumonia is a communicable disease, and that it may attack nurses and those who are waiting upon the patient. This is especially liable to happen if the room is poorly ventilated. The nurse should wear a gauze mask and be careful that the patient does not breathe in her face. Her hands should

be disinfected with a suitable disinfecting solution after waiting upon the patient. All dishes, utensils, towels, sheets and other articles used by the patient should be boiled or disinfected with a solution of bleaching powder (one-half tablespoonful of bleaching powder to a quart of water). Compound cresol solution should be used to disinfect the sputum.

The essential thing in the treatment of pneumonia is to see that the patient gets plenty of cold, fresh air. Oftentimes no other treatment is necessary. The bed should be placed upon a porch, or, if this is impossible, all the windows of the sick room should be wide open. The patient should be well covered, and hot water bottles or hot bricks should be placed near his feet to keep them warm, care being taken not to burn him. Once a

day the patient should be moved to a warm room and given a sponge bath. The pain in the side can be relieved by a mustard plaster. The bowels should be kept open by a small dose of salts. The patient's strength should be conserved by giving him a glass of milk or a bowl of soup every two hours during the day, and also at night when he is not sleeping. Solid food should not be given, as it will cause gas in the stomach, which may press against the heart and seriously interfere with its action. Milk is the best food, but sometimes it produces gas, in which case soups alone should be used.

The management of a case of pneumonia calls for the most skillful and conscientious nursing. Every case should, therefore, be under the care of a competent physician and should preferably have the assistance of a trained nurse.

THE GIVING SEASON.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

This is the time of the year when most of us believe in the teaching "that it is more blessed to give than to receive."

There is no denying the fact that there is a great deal of enjoyment in giving Christmas presents to those that are near and dear to us. There is also a great deal of pleasure in helping to provide some of the comforts of life for some needy family. Our experience convinces us that humanity on the whole is always ready to give, if such giving will make someone happy.

Our great difficulty, as a Health Department, is to keep many people from giving something away that will make its recipients not happy, but miserable. This is not only the season of giving presents to our friends, and assistance to those in want, but this is also the season of the year when dangerous contagious diseases are being given from one to another. When it comes to contagious diseases, it is not "more blessed to give than to receive," but it is apt to be more harmful to give a contagious disease to your friends or strangers than if

you never gave a present in your life. It is better not to give at all than to include contagious diseases in your giving.

If everyone would make as much of an effort to carry out the command of the Health Department, "Don't give," as they do the clergyman's "Do give," we would not have in Milwaukee, at the present time, about 200 cases of scarlet fever, 100 cases of diphtheria, and many other contagious diseases. Nearly all of the contagious diseases continue to exist because someone is more willing to jeopardize the health of other people than to submit to a few weeks of quarantine with a certain amount of inconvenience.

Many children are ill this very day with some contagious disease, where the parents refuse to call a physician or report the disease to the Health Department. They are invited to Christmas dinner at Brother John's or Sister May's and cannot take a chance of being quarantined at that time. It would also be too bad if their children couldn't see their brother's and sister's children Christmas day.

How long will it be before we can make people realize that it is more blessed not to give anything than to give everything, including contagious disease?

WE WANT TO BE YOUR SANTA CLAUS.

BY JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

They say that Santa Claus likes all good little children and that is why he will go out on the coldest and stormiest Christmas eve to bring them beautiful toys and useful presents.

Because Santa Claus likes children and is so good to them, they all like Santa Claus. There is no one liked better at this time of the year than Santa. Is it any wonder then that we want to be your Santa Claus? But we know that you don't want the Health Department to be your Santa Claus, because you don't like us well enough for that. You don't like us because you don't know and understand us. The same people who scare you by telling you that the doctor will cut your ears off if you aren't good will tell you that the Health Department will lock you up if you go

anywhere near it. Supposing we didn't lock you up or quarantine you when you have a catching sickness, what would happen to Santa Claus? He would go right into a house where there is scarlet fever, because there is no sign on the house. He would then either catch scarlet fever himself and probably die, or collect so many germs in his long whiskers that he would pass them from one home to another and in that way do much more harm than good. Where he sees a sign on the house he can simply leave the presents on the porch or in the hall and in that way save his own life as well as the lives of many children. So you see, little children, if it were not for us, Santa Claus would probably have died many years ago from scarlet fever or he would have

brought scarlet fever or diphtheria to so many homes that you would not want him to come to your home.

There are many other things we do that make you and your parents mad at us many times and yet which are for your own good. Santa doesn't always give you the things you ask for, does he? Neither do we. We give you what is most needed. We want to be your Santa Claus, but please don't write us letters asking for dolls, beds, go-carts, trains, airships, furs, mechanos, tinker toys, books and many other toys and useful things, because we carry a different line of goods entirely. Nearly everything we have is for children and is just what many of you need and yet we receive such few requests. Nothing would please us more than to receive letters like these:

To Santa of Milwaukee Health Department.

Dear Santa:—I am 9 years old, 50 inches tall and weigh only 46 pounds. Please come and examine me and see what ails me, because I am so thin.

RUTH.

To Santa Claus of Milwaukee Health Department.

Dear Santa:—My teeth are almost all worn out. This is only the second set of teeth I have worn out. Mamma says that if I just wait long enough, new teeth will come out by them-

selves, but I am tired of waiting, so please send me some for Christmas.

Please send me a tooth brush and powder, too, because our teacher said that a clean tooth won't rot. Yours,

SOPHIA.

To Santa Claus of Milwaukee Health Department.

Dear Santa:—My little brother snores so loud at night that he keeps me awake. The nurse who calls at our house says that he has the addennoise and I believe so, too, because he does make an awful noise.

Please send my little brother something for addennoise. Yours,

JOHN.

To Santa of the Milwaukee Health Department.

Dear Santa:—I am a girl of fourteen years. Ever since I can remember, I am sickly. I have a sore throat three or four times a year. Our family physician says that my tonsils cause all of my trouble. He says I ought to have them removed. The woman who washes for us says that it doesn't do any good to take out tonsils, because they grow again, anyway. Mamma doesn't know whom to believe.

I am so tired of being sick all the time and do hope that you will send me something for Christmas that will make me well. Your discouraged,

GENEVIEVE.

HEALTHGRAMS.

Carelessness with the hands and teeth causes more deaths in America every year than carelessness with motor vehicles, says the United States Public Health Service. Keep the hands clean, free from germs, away from the mouth and visit the dentist regularly.

Do not take drugs to cure the headache, says the United States Public Health Service. Consult a physician, a dentist or an oculist, to see if the cause can be located. Often the eyes, or the teeth may be at fault.

A BUREAU FOR VENEREAL DISEASES.

By GEO. C. RUHLAND, M. D., Commissioner of Health.

Among the new services to be established in the Health Department for the coming years is that of a Bureau for Venereal Diseases.

Perhaps no activity of health departments is of greater importance than this new undertaking which proposes to deal with the problem of venereal diseases.

The venereal diseases—gonorrhoea, chancroid and syphilis—constitute a trinity more destructive to the health and happiness of the individual, and indeed to the very existence of the race itself, than any other disease to which human flesh is heir.

If one contemplates that these diseases are responsible for 80% of all the blindness in the new-born, contribute about 75% of all the operations on the female generative organs, are the cause for a large portion of the sterility in both the male and female, furnish more than one-fourth of the inmates in insane asylums and are the cause otherwise for many diseases of the circulatory and nervous system, shortening life by nearly one-third, and causing an incalculable loss in efficiency and earning capacity, and that these are facts not just discovered but known for years and years—one must wonder why action has been so slow in coming.

The stand taken by the War Department, which considered the loss of efficiency to the Army from venereal diseases as a greater menace than the actual casualties of war, fortunately has brought about a

change of attitude of society towards the problem.

The government, realizing that the problem of venereal diseases is essentially one of civil life, has started a vigorous campaign against this national danger, and it is in conformity with this request that also the local Health Department has decided to enlarge upon its activities by establishing a Bureau of Venereal Diseases.

It will be the function of this Bureau, which has the endorsement of the medical profession through the County Medical Society, as well as the support of many other lay organizations in this city, to not only make diagnoses and furnish treatment to those who cannot afford to go to a private physician, but above all to act as an agency that will seek to lessen, if not eliminate, these diseases, by showing their danger, and by giving reliable and safe instruction on what constitutes a normal and healthful sex life.

The attitude of the past which left information on sex matters to the less desirable sources, has been too costly and damaging to the race. It must go, as well as the fallacy of sex necessity, double standards, and the terribly mistaken popular belief that venereal diseases are of little consequence. Venereal diseases are contagious diseases of more serious import than any of the rest of the contagious diseases.

The problem must be attacked frankly, courageously, yet tactfully and with much charity.

The Routine of School Inspection.

By PEARL L. VAN KERCKHOVE, R. N., Acting Field Supervisor.

Under the new rules laid down by the School Hygiene Division of the Health Department, a nurse examines one room a day in her class. When she has finished with the last room, she goes through the same routine, constantly being on the alert to detect anything that may be harmful to the children for whose welfare she is made responsible. Persistent cases of uncleanness and stubborn cases of skin infection are constantly being examined and advice given to the children and parents about treatment of same. Also many cases of peeling in light attacks of scarlet fever are detected. By culturing suspicious looking throats many diphtheria carriers are found, these cases are immediately excluded from school, thus helping to stamp out epidemics. At the same time physical defects are noted and referred to the medical inspector for thorough examination.

The nurse adheres to the following plan in routine inspection. She chooses a small room off from the main room to be examined. Here she sets her table, which may be a small table or a chair covered with paper napkins. She has in readiness tongue depressors, a box of toothpicks for examining the hair, a paper lined waste basket and a

writing pad to enter her various findings.

Before beginning the inspection, a little health talk is usually given the children, urging them to come to school with clean hands and faces, clean ears and finger nails and encouraging the use of a toothbrush. Then she asks them to roll their sleeves up and as they pass before her to open the mouth and pull down the lower eye lid. The children form in line, one row at a time and are admitted to the room one child at a time, so if anything is found a note may be tucked in the child's blouse to be taken home to "mother" and no one else need know about it. To the experienced worker a quick glance at the bared arms, the hair pushed gently aside with the toothpicks and an inspection of the throat reveals all she needs to know, the children are back in their places with almost no disturbance, and very rapidly, as a room of 40 children may be easily examined in 40 minutes.

Where there is a suspicion of contagion, the children are excluded for further inspection by the Contagious Disease Division. Instructions are sent home with the children for treatment of impetigo, pediculosis, and those not excluded told to report at a definite near date for reexamination.

A decayed tooth is far more dangerous to the health than a fly in the soup, says the United States Public Health Service. Visit the dentist regularly. Keep the teeth clean.

DIPHTHERIA CARRIERS.

By F. E. CHURCH, Bacteriologist.

One of the chief responsibilities of the Health Department is to preserve health, by preventing the spread of contagious disease. This cannot be done effectively and efficiently without the cooperation of the general public. A great part of the daily routine of the bacteriologist and his assistants is to answer whys and wherefores of bacteriological findings in diphtheria. In order that we may aid the public in a better understanding and interpretation of laboratory results, we deem it advisable to present here a few facts about "Diphtheria Carriers."

A diphtheria carrier is any one who harbors diphtheria germs in either nose or throat. The term is applied usually to those who are free from any acute clinical symptoms. Because of the absence of symptoms, the diphtheria carrier is a greater danger in a community than that case of diphtheria which has well defined clinical symptoms. The latter case is usually confined to the home and bed; the carrier, on the other hand, mingles freely with others.

It is a matter, therefore, not of sickness, but whether or not germs are found which will determine the department in establishing quarantine for diphtheria. Carriers will be kept under quarantine until there are at least two consecutive negative nose and throat cultures. Patients recovering from diphtheria may also become carriers. It is for this reason that no case of diphtheria will be released until

the department has at least two consecutive negative cultures from nose and throat. Cultures are also required from all those who have been in contact with the patient.

It is very important that in taking cultures, the culture or smear be properly taken. This means that the membrane, if there is one, be peeled up, or, better yet, that a piece of membrane be submitted for examination. The culture may also fail to give accurate findings when the smear is taken immediately after the application of some antiseptic to the throat. Again, a culture may fail to show up any growth because the smear is faultily applied to the culture media; or, a culture may miscarry because it was kept too long in a warm place before it is submitted to the laboratory. Membranes in the throat may, of course, be due also to other infections than diphtheria.

It is hoped that this brief discussion may make clear to the public the importance of cooperating with the Health Department in the control of diphtheria, by carefully observing the suggestions contained in this article. Every sore throat, no matter how light the symptoms, should be considered with suspicion, a physician should be called, and a culture submitted at once. Deaths from diphtheria should not occur if the case receives prompt attention. The Health Department not only makes the examination free of charge, but also will furnish the necessary antitoxin for these cases without cost.

PATENT MEDICINES

By JOHN P. KOEHLER, M. D., Deputy Commissioner.

We read in the papers from time to time that the reformers who helped to dethrone King Alcohol are making plans to attack Queen Nicotine.

No one can deny that nicotine is a harmful drug and individuals smoking excessively will absorb sufficient nicotine in time to disturb normal physiological action of their bodies. But why discriminate against nicotine? You will say, because it is so universally used in the form of tobacco. How about caffeine, a very powerful drug found in coffee? There are more coffee users than tobacco users. At least 50 per cent of our people are subject to some form of nervous disorder. Caffeine is a powerful nerve stimulant, and undoubtedly responsible for many nervous disorders. We are not writing, however, to defend smokers and condemn coffee drinkers. Our purpose is to be consistent and condemn the use of all drugs promiscuously.

Our experience has convinced us that too many people are over-drugging themselves. Babies scarcely have their eyes open when they are attacked at one end with Fennel Tea, Chamomile Tea, Anise Water and Castoria, and at the other with enemas and suppositories. These measure, to be sure, all appear quite harmless when we do not stop to consider how very sensitive the digestive tract of a baby is or when we do not realize that the very conditions which are causing the symptoms

which we are attempting to remedy, are made worse by our treatment. Teas may relieve flatulence temporarily in a baby, but will irritate the sensitive mucosa of the stomach to such an extent that its digestion will suffer, and its colic will appear more frequently. Laxatives may cause evacuation of the bowels, but will never cure constipation. They only make it worse by weakening the muscles of the intestines.

Parents not only dope their babies, but also practice on themselves. The patent medicine people also realize that most people are always more than ready to try every remedy that someone recommends, whether they need it or not, and that is why expensive patent medicine advertisements are placed in the daily newspapers.

People have so much confidence in drugs that they are not satisfied when they go to a physician unless he gives them some pills or a prescription for some. People hate to pay a physician for good medical advice. The writer spent one-half hour one evening in his office giving a young man such advice. When the young man was about to leave, he asked:

"Are there any charges?"

When assured that there were, he replied

"I thought that I didn't have to pay, because you didn't give me a prescription."

There are many people like this

young man who feel that when they go to a doctor, they go there for medicine, and feel disappointed if they don't get it. The doctors realize this attitude of their patients and many times prescribe drugs, not because the patients need them, but because they want them. If a doctor can cure you without drugs, pay him in addition to his regular fee, at least the amount

saved on the purchase of expensive drugs.

Before doping yourself with patent medicines or other unnecessary drugs, please remember that:

Some drugs do no good and all harm.

Some drugs do some good and some harm.

But no drug does all good and no harm.

SCHOOL HYGIENE NOTES.

Since so many schools are making such good records in our monthly health contest, it is impossible to award only a limited number of banners and be fair to all concerned. We have, therefore, decided to discontinue the monthly awarding of banners for the present.

Although the schools need not send in their monthly health reports in the future, we hope that none will on that account discontinue the monthly weighing of children.

The November reports show the following results:

Rooms with lowest percentage of absentees:

St. Anns—4A, 4B, 7, 8 grades	0. %
Holy Angels—3, 4 grades.....	0. %
St. Josephats—3C, 4A, 5A grades	0. %
St. Johns Cathedral—5, 7, 8 grades	0. %
St. Anthony—2, 5, 6, 7, 8 grades	0. %
St. Marcus—Kg., 5, 6 grades	0. %
St. Boniface—6, 7, 8 grades...	0. %
St. Thomas—3, 8 grades.....	0. %
St. Cyril—8 grade.....	0. %

Schools with lowest percentage of absentees:

St. Anthony	1½ %
St. Anns.....	2¾ %
St. Boniface	3½ %
St. Josephats	4½ %
St. Michaels.....	5½ %

Rooms with lowest percentage of defective teeth:

Bethlehem—1, 2 and 3, 4 and 5, 6, 7	0. %
St. Patricks—Boys 7 grade, 8 grade	0. %
St. Thomas—8 grade.....	0. %
St. Cyril—10 grade.....	0. %

Schools with lowest percentage of defective teeth:

St. Thomas	7 %
Zion Lutheran.....	10½ %
St. Patrick	13 %

Rooms with lowest percentage of children under weight:

St. Patrick—Boys 6 grade....	0. %
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Schools with lowest percentage of children under weight:

St. Anns	14½ %
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Special mention:

Cross Lutheran,	St. Stanislaus,
Bethesda	St. John Kanty,
Immanuel,	St. Marys Polish,
St. Michaels,	St. Leo's,
	Gesu.

We received a very interesting report from Mr. Stivers of the Detroit Street school.

Here are some of his figures. Please compare them with those of your school.

Number of children weighed.....	1,136
Number of boys of normal weight or above	274
Number of girls of normal weight or above	197
Number of boys below normal weight	285
Number of girls below normal weight	320
Number of boys 5 lbs. or more below normal weight.....	57
Number of girls 5 lbs. or more below normal weight.....	73
Number of boys 10 lbs. or more below normal weight.....	4
Number of girls 10 lbs. or more below normal weight.....	22



FIRST AID TO THE INJURED

**FROST BITES AND FREEZING.**

The exposure of the body to cold results in a varying degree of damage. The milder forms of freezing will leave the tissues of a dusky bluish-red color, cold to touch, and with a burning and tingling sensation, particularly when exposed to warmth. This degree of frost bite is commonly referred to as chilblains. Chilblains occur most commonly in those of enfeebled circulation, such as the very young and the aged. The extremities, such as hands and feet, are the most usual to suffer. In the severer forms of frost bite or freezing the tissues appear bloodless white, and are brittle. The victim frequently is not aware that freezing of part of the body has taken place. The exposed surfaces of the body, such as the ears, and tips of the nose, are naturally the most frequent to suffer in this way. Blister formation may also occur.

For the prevention of frost bites and freezing, proper protection by adequate clothing naturally suggests itself. Those of enfeebled circulation particularly should be carefully protected and should undergo such tonic treatment as is designed to enrich the blood and stimulate the circulation. Since freezing is much more likely to occur where the surface of the body is moist, it is better to wear cotton next to the skin and woollens over the cotton. The use of dusting

powder also is of value in preventing freezing, particularly on the feet.

In the treatment of frost bites or frozen tissue, it is essential that the thawing process be undertaken gradually, since the rapid return of blood to the affected part may cause rupture of the small blood vessel with consequent mortification and sloughing of the tissue. To this end it is best that the patient be brought in an unheated room and gradual thawing be encouraged by the application of snow or cold water, gradually raising the temperature of the water. As the circulation has been re-established, stimulating hot drinks, such as hot coffee, or tea, or beef tea, may be given to advantage.

Chilblains are best treated by gentle massage with some stimulating lotion, such as soap liniment or bay rum. The part should then be thoroughly dried and dusted with either borac acid powder, or some other powder, protected with cotton and bandaged. Where blisters have formed over the frozen tissue, these blisters should be punctured with a sterilized needle. The skin, however, should not be removed. The affected part may then be covered with some bland antiseptic ointment. Where necrosis, or mortification of the tissues, has taken place, the part should be dressed in an antiseptic drying powder and adequately protected, all dead tissues have been cast off.

MILWAUKEE HEALTH DEPARTMENT SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.

Eighth Floor:

Tuberculosis Division.
Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

SOUTH SIDE DISPENSARY, WOOLWORTH BLDG., 5TH AVE. AND MITCHELL ST.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY (MARQUETTE MEDICAL SCHOOL), 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 60.
Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.
Visiting Hours, 3 to 5 P. M.

GREENFIELD PREVENTORIUM FOR CHILDREN.

Telephone, Wauwatosa 181.
Visiting Hours, Sunday, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.
Emergency Hospital.
South Side Contagious Disease Hospital.
Union Pharmacy, 1120 Walnut St.
Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HOW TO LIVE.

LESSON X.



THE DECALOGUE OF HEALTH.

Breathe deeply.

Drink five to six glasses of water daily.

Eat slowly and chew your food thoroughly.

Exercise daily and systematically.

Sleep eight hours out of twenty-four.

Have bowels move daily.

Stand erect, walk erect, sit erect.

Brush teeth mornings and at night.

Cultivate cheerfulness.

Practice moderation in all things.



Milwaukee Health Department.

COLDS!

TO PREVENT COLDS

Dress Warmly; Breathe Deeply.

Get Plenty of Fresh Air.

Eat Simple Food Moderately.

Keep the Bowels Open.

COLDS MAY LEAD TO

Grippe, Pneumonia and Consumption.

This is the Season for Colds.

Avoid Them.

(National Safety Council)

Milwaukee Health Department.

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of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

FEBRUARY 1920.

Vol. 10, No. 2.



IFTEEN YEARS could be added to the average length of life if what is known about right living to-day could become the knowledge of all.

Bulletin of the Health Dept., FEBRUARY 1920

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

GEORGE E. ADAMS.....Vital Statistics
GEO. P. BARTH.....School Hygiene
F. E. CHURCH.....Bacteriology
RUSSELL W. CUNLIFFE.....Chemistry,
GEORGE R. ERNST, M. D.....Tuberculosis
C. J. KENNEY, M. D.....Contagious Diseases

E. T. LOBEDAN, M. D.....Child Welfare
AGNES J. MARTIN, R. N., Superv. of Nurses
WM. J. MCKILLIP, M. D., Venereal Disease
STANLEY L. PILGRIM, M. D. C.,
.....Food Hygiene
T. F. THOMSON, M. D.....Sanitation

LAWS YOU OUGHT TO KNOW.

DIPHTHERIA OR MEMBRANEOUS CROUP.

Patient.

1. Quarantine for patient until two negative cultures, taken not less than twenty-four hours apart, show the absence of diphtheria bacilli, and disinfection of person, clothing and premises.

Contacts.

2. Persons exposed to or in the family with the patient must be quarantined. All persons (children and adults) exposed to or in the family with the patient cannot be released from quarantine until a culture obtained from both the nose and throat shows the absence of diphtheria bacilli and after disinfection of person and clothing.

3. Children remaining in the home with a patient under quarantine cannot return to school until five days after one negative culture has been obtained from both the nose and throat and the quarantine removed from the home; such culture to be taken at the time the release cultures are taken from the patient.

4. Children exposed to or in the family with the patient may return to school providing one negative culture has been obtained from both the

nose and throat and they have taken up their residence elsewhere for five days.

5. Contacts not in the family with the patient may return to school after one negative culture has been obtained from both the nose and throat.

Carriers.

6. By the term "carriers" is meant all individuals from whom a throat culture or a nose culture shows the presence of diphtheria bacilli when no clinical symptoms of the disease are present. All carriers must remain under quarantine until two successive cultures taken not less than twenty-four hours apart show the absence of diphtheria bacilli and after disinfection of person, clothing and premises.

For chronic carriers (persons who harbor diphtheria bacilli in the nose and throat for a period longer than six weeks) special arrangements for isolation may be made with the State Health Officer.

7. All cultures taken for the release of cases of diphtheria or diphtheria carriers shall be taken by a representative of the local board of health.

INFLUENZA-PNEUMONIA.

By GEO. C. RUHLAND, M. D., Commissioner of Health.

At the present writing it appears that the outbreak of influenza-pneumonia, which made its reappearance along about the middle of last January, has about spent itself.

As was anticipated, the number of cases involved in this outbreak was much smaller than in the outbreak of 1918, a total of 2,533 only having been reported within the four weeks' duration of the outbreak. This smaller number of cases may be accounted for by the fact that the epidemic of 1918, involving as it did large numbers of people, fortunately to a considerable degree conferred immunity where it did not kill.

Nevertheless, among those who escaped that earlier epidemic, but who fell victims to the present outbreak, a mortality rate of approximately the same severity as that which characterized the 1918 epidemic, was unfortunately observed. Whether this mortality may be accepted fully as an expression of the virulence of influenza-pneumonia itself, or whether it must be regarded as influenced by the higher pneumonia death rate always common at this time of the year, is a question the answer to which is not so readily given.

Unfortunate as this recurrent influenza-pneumonia outbreak has been, it has been, nevertheless, of some value in so much as it has served to add to our experience, and has made us more competent to deal with a like situation.

The chief lesson that apparently is being taken from these outbreaks of

influenza is, that the public is awakening to a realization of the importance of giving prompt and better attention to the ordinary cold.

The ordinary cold is always with us during the winter months. In fact, because it is so common, it has in the past not received the attention it should have received. Colds are contagious. The ordinary cold perhaps is among the most contagious of communicable diseases. The ordinary cold also, in the largest number of cases, is the beginning of pneumonia. Pneumonia, unfortunately, always has held here, as elsewhere, first place as a killing disease. It is of greatest importance, therefore, that the public should be thoroughly impressed with the relation of the ordinary cold to pneumonia.

If we hope to modify the annual large number of deaths that occur from pneumonia, we must begin by giving the common cold greater consideration. An ounce of prevention here is worth, indeed, many pounds of cure. The ordinary cold, if given prompt attention by going to bed and placing oneself under the care of a competent physician, will usually clear within a few days. Neglected and uncared for, it may develop not only into pneumonia that may take the patient's life, but also at best may continue for weeks, greatly reducing the working efficiency of the victim, laying the foundation for future trouble and in the meantime becoming a source of infection to a great many others for whom the consequences may be of much greater seriousness.

MORE NURSES.

By STELLA L. MATHEWS, Registrar, Milwaukee Nurses Directory.

During the recent epidemic, which has been with us for the past few weeks, an indelible impression has been made of the necessity of practical assistance in homes where nearly every member of the family was in bed with a mild type of infection. Scores of families who cannot get anyone to come in and help frantically telephone for a trained nurse.

The requests frequently come like this: "Have you a trained nurse"? Your reply is generally "no". "No practical nurse either, or any old woman who will come in and help"? Again the reply is "no", but you inquire into the nature of the illness in order to send the nurse best fitted for that type of sickness, should one come in. You find there is no one critically ill, but the whole family slightly so and some one is needed who can do the cooking and housework. You try to explain that nurses are so much needed where illness is critical that, even were they available, you would not be justified in sending them out for that type of work. The answer frequently comes "Money is no object. We will pay anything. Fifty dollars a week if the nurse will only come." Your explanation has not been sufficient and again you try to explain that it is not money, but the type of worker required which you are unable to obtain. A worker who can go into the home and keep the household machinery running until the mother is again about and able to resume her duties. The services of a visiting nurse for two hours a day would

give all the skilled nursing necessary.

Looked at from an economic point of view sending a nurse for that type of work would be the height of extravagance. A nurse is trained to give expert care where expert care means the saving of a life; for instance it is good nursing which helps to save pneumonia cases; also skilled nursing which saves malnutrition babies, acute medical cases, serious operative cases and complicated obstetrical cases. The nurse is taught the necessity of observing symptoms and the intelligent recording of the same. This often gives the physician the knowledge needed to change his system of treatment and so avoid a critical termination of a case.

It has taken the nurse three years to obtain the knowledge which makes her a real factor in the betterment of public health. Would it be social economy to send her out to do two hours' nursing per day with twelve hours' housework, even for fifty dollars per week?

Is there no solution for this problem? Would not a group of women, trained for this particular work, assured of a good salary, and working in conjunction with the public health nurses, be one solution? Another might be to have nurses released from cases no longer critically ill, sent to other critically ill cases or to do hourly nursing where only a limited amount of skilled nursing is required. Who shall judge?

The nurses are as anxious for a solution of this problem as is the public. Tell us how to help.

DON'T LET THEM WORRY YOU!

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

It is an old saying that worry kills more people than work. This is more true to-day than ever. The tendency of to-day is to worry a great deal and work little.

If you want to lose weight, worry!

If you want to ruin your digestion, worry!

If you want to dull your mind, worry!

If you want your hair to turn gray, worry!

If you want to lower your vitality and resistance against disease, worry!

I don't know of anything more detrimental to the health of individuals than that deadly word, worry. The tendency of the daily press of to-day is to worry people as much as possible. Influenza epidemics are predicted from time to time, and when they finally do arrive, the death rate is exaggerated in spite of the Health Department's assurance that the epidemic is not so severe.

Just about the time that people have stopped worrying about the shortage of coal, a big coal strike or

railroad strike is predicted and the worriers that have money immediately attempt to relieve their worries by putting in a big supply of coal. This, of course, increases the demand for coal and the coal dealer needs no longer to worry. When the demand for flour, sugar, eggs, butter, potatoes, and other necessities of life decreases, and prices threaten to come down, it is time to worry the people by telling them that if there is a railroad strike the present supply of food on hand will soon be exhausted and the worriers who have money can begin hoarding again, the monopolists of food can stop worrying and the poor people can worry themselves sick.

Don't worry any more.—Take the attitude of the colored gentleman who sings "I am a-livin' anyhow, until I die."

Don't worry about dying, because worrying will only hasten death.

Don't worry about starving, because the Milwaukee Health Department will see to it that no one will starve in Milwaukee.

During the last twenty years it has been possible to reduce the general death rate in the United States from 17.6 to 14.2. This represents a truly enormous saving of life. Had the conditions of twenty years ago prevailed during the year just

passed some 350,000 more persons would have died than actually did die. By dissemination of health educational matter the newspapers must be given credit for every materially helping in this substantial achievement.

Thousands of children are killed every year because parents say, "They will have it anyway", and permit the little ones to expose themselves to whooping cough, measles and scarlet fever, says the United States Public Health Service.

CONSTIPATION.

FROM "HOW TO LIVE."

The injury which comes from the retention of the body's waste products is of the greatest importance. The intestinal contents become dangerous by being too long retained, as putrefying fecal matter contains poisons which are harmful to the body. Abnormal conditions of the intestines are largely responsible for the common headache malady, and for a generally lowered resistance, resulting in colds and even more serious ailments. Constipation is extremely prevalent, partly because our diet usually lacks bulk or other needed constituents, but partly also because we fail to eliminate regularly, thoroughly, and often.

Constipation, long continued, is by no means a trifling matter. It represents a constant and cumulative tax which often ends in very serious consequences.

Free water-drinking when the stomach is empty, especially before breakfast, is beneficial in constipation. Free water-drinking at meals may prove constipating.

The best regulators of the bowels are foods. Foods should possess sufficient bulk to promote the action of the intestines and should contain a due amount of laxative elements. Foods which are especially laxative are prunes, figs, most fruits except bananas, fruit juices, all fresh vegetables, especially greens of all sorts, wheat, bran, and the whole grain cereals. Oils and fats are also laxative, but cannot be used in sufficient-

ly large quantities to produce very laxative effects without producing loss of appetite. Foods which have the opposite tendency are rice, boiled milk, fine wheat flour in breach, corn starch, white of egg.

The use of wheat-bran in cereals, in bread, and even in vegetables is a preventive of constipation, as is also the use of agar-agar, a Japanese seaweed product. This is not digested and absorbed, but acts as a water carrier and a sweep to the intestinal tract. It should be taken without admixture with laxative drugs.

Paraffin oil is especially good as an intestinal lubricant to assist the food to slip through the intestinal tube at the proper rate of progress, provided the oil is first freed, by long-continued shaking with water, from certain dangerous impurities. Many refined preparations are on the market for use in constipation. Underweight people should not use these oils unless properly prescribed by a physician.

It is advisable, in general, to avoid cathartics except under medical supervision, since certain drugs are often very harmful when their use is long continued and the longer they are used the more dependent on them the user becomes. Laxative drugs, even mineral waters, should never be used habitually.

The occasional, but not habitual, use of an enema (with warm water followed always by a second enema

of cold water, to prevent relaxation) is a temporary expedient.

Massage of the abdomen, deep and thorough, with a creeping movement of the ends of the fingers on the left side of the abdomen from above downward, also promotes the process of defecation.

The normal man and woman

should find no difficulty in having complete movements regularly two or three times a day by merely living a reasonable life, being careful especially to avoid overfatigue, to include sufficient bulk in the food, to take regular exercise, including, in particular, breathing exercises, and to maintain an erect carriage.

PTOMAINÉ POISONING.

Certain kinds of bacteria when they grow in some foods, especially fish, shellfish, and mixtures of eggs with cream or milk, produce highly poisonous compounds called ptomaines. The eating of such contaminated food is followed by ptomainé poisoning. The formation of the ptomaines in food is followed by warm weather and long keeping.

The symptoms of ptomainé poisoning are headache, pain in the muscles, nausea, thirst, intense pain in the stomach, vomiting, and purging. The patient rapidly grows very weak and in severe cases goes into collapse. The symptoms may come on immediately after the food has been eaten or may not appear for some hours.

If vomiting has not occurred, give an emetic. Also administer a rectal injection of a pint of soapsoads to quickly empty the bowel. Follow the emetic in half an hour with a large

dose of castor oil. Keep the patient in bed, administer stimulants if necessary, such as small doses of strong coffee or a tablespoonful of whisky every two hours. Surround the extremities with hot-water bottles. Keep the patient warm.

Vomiting can be held in check by small drinks of plain soda water, ginger ale, or of iced champagne if available. No food should be allowed until the acute symptoms have subsided, and then only a liquid diet in small quantities at first.

A characteristic feature of true ptomainé poisoning is that the patient remains weak for a long period and that recovery is very slow, oftentimes requiring several weeks.

(Exchange.)

Cultivate the habit of walking with head up and the shoulders thrown back. It is cheaper and better than bottled tonics, says the United States Public Health Service.

HYDROGEN PEROXIDE.

The practice of applying hydrogen peroxide to fresh wounds is not recommended as a routine practice. It causes a great deal of pain, wets the wound, and is not an efficient germi-

cide. Hydrogen peroxide may be used sometimes to check hemorrhage or to clean up an old leg ulcer, but it should not be applied to other wounds except on advice of a physician.

U. S. P. H. S.

CARE OF THE MOUTH AND TEETH.

UNITED STATES PUBLIC HEALTH SERVICE.

It is important to take good care of the teeth. If they are allowed to decay, the food can not be masticated, indigestion results, and the body is not properly nourished. The bony processes of the jaws which hold the teeth in place are absorbed after the teeth fall out, allowing the cheeks to sink in, which makes the face look long and thin.

Dental decay is caused by fermentation of small particles of food which are permitted to remain in the crevices between the teeth. This fermentation is due to bacteria and results in the formation of acids which dissolve the lime salts of the teeth. The hard white outside coating of the teeth, known as the enamel, is first attacked. This is destroyed at spots where the food is lodged and the softer interior substance of the tooth is exposed; this is rapidly eaten away, and a cavity is formed which increases in size until only a hollow shell of enamel remains. The nerves of the teeth are extremely sensitive, and severe pain or toothache is produced when dental decay extends into a tooth. An abscess or gumboil may form at the root of a tooth. This causes a throbbing pain, swelling, and fever. It usually breaks through the gum, discharging pus, with relief of the symptoms; sometimes, however, the inflammation extends to the bone, ending in its necrosis or death. Occasionally pus organisms are absorbed into the blood and blood poisoning ensues.

An unclean mouth makes an ideal home for small organisms known as

endameba buccalis, which many believe are the cause of pyorrhea dentalis or Rigg's disease. In this disease there is inflammation of the gums, which become soft, swollen, and bleed easily. The disease extends around the roots of the teeth, pus exudes from their sockets, they are loosened, and ultimately fall out. The process may take a number of years, but more than half of the permanent teeth are lost in this way.

An unclean condition of the mouth renders the person more liable to catch cold, to attacks of influenza, bronchitis, and pneumonia. Headaches and neuralgic pains are often due to bad teeth. Many cases of so-called rheumatism result from the absorption of poison from the mouth and disappear when the disease conditions in the mouth are remedied. The same poisons often lead to sore throat, inflammation of the tonsils, disease of the eye and ear, and disordered digestion.

The teeth should be cleaned with a toothbrush at least twice a day, and care should be taken that all particles of food are removed. Wooden and metal toothpicks should not be used, as the gums are liable to be injured, which may be followed by inflammation and absorption of septic products. Quill toothpicks are less objectionable, but should be employed with care. When brushing the teeth, a small quantity of tooth powder should be placed upon the brush.

When tooth powder is not available Castile soap can be used for cleansing the teeth.

THE WARM BATH.

Aside from the cleansing effect for which baths are most commonly and primarily taken, the temperature at which a bath is taken can be made a matter of great value. In the following article by Geo. H. Fox, M. D., some of the effects of the warm bath are discussed.

The cold and the warm baths are almost directly opposite in their physiologic action and purposes. The warm bath dilates the tiny arteries, as is shown by redness of the skin, and causes profuse perspiration. The pulse and respiration are increased in frequency and the temperature is raised. The warm bath has an extremely soothing effect on the nervous system and for this reason is best taken at night before retiring. The perspiration which is likely to continue after a warm bath is dis-

agreeable to some, and may be prevented by sponging the body with cold water at the end of the bath. After an unusual amount of physical labor, when the muscles are sore and aching, nothing is more welcome or soothing than a warm bath. The blood is withdrawn from the muscles, lessening chemic change, and pain and soreness vanish speedily. In addition to removing muscular soreness and pain, the warm bath is relaxing and tends to relieve spasmodic conditions or cramps. For those who suffer from difficulty in getting to sleep, a warm bath just before retiring will often invite a refreshing slumber. While the warm bath is to be highly recommended as a means of relieving weariness after prolonged physical exertion, under no circumstances should a cold bath be taken at this time.

BOTULISM.

The Public Health Service, in common with other Federal, State, and municipal authorities charged with the enforcement of laws and regulations for the protection of the public health, has been deeply concerned because of the frequent reported fatalities in different sections of the country attributed to the consumption of food products infected with the organism known as bacillus botulinus. These fatalities have quite recently been traced to the consumption of ripe olives, although some cases have also been traced to home-canned string beans, home-canned asparagus, and home-canned corn.

Investigations so far carried on have shown that fatalities due to the consumption of olives have been limited to ripe olives packed in glass. No cases have been reported from the consumption of ripe olives packed in tin. Representatives of the Bureau of Chemistry have made careful investigations of the olive-packing plants in California, and it has been found that the process of sterilization employed in the case of olives packed in glass is usually inadequate. The jars are usually heated for a period of approximately one-half hour at the temperature of boiling water, which is not sufficient to insure the destruction of the

bacillus botulinus if this organism is present in ripe olives. According to investigations made to date by the Bureau of Chemistry it would appear that the public may protect itself by refraining for the present from the consumption of ripe olives packed in glass. As a further measure of precaution, no food of any description showing even the slightest unnatural odor, swelling of the container, signs of gas, or any evidence of decomposition whatever should be used for food purposes. In practically every case of botulism the food was shown to have had an offensive or abnormal odor. While all spoiled food may not contain *bacillus botulinus*, any spoiled food, even though the spoilage be slight, may contain it, and, in view of the fatal effect of very small amounts of toxin which this organism generates, the only safe rule is to examine carefully all food products before they are served and to discard those which are even slightly suspicious.

The Bureau of Chemistry has used every possible effort and has gone to the limit of its legal authority to remove all dangerous foods from the market by seizure under the food and drugs act. Since the law authorizes seizure only when the foods are actually found to be decomposed or to contain poisonous ingredients, since only an occasional package in millions is infected with *bacillus botulinus*, and since it is physically possible to open and examine but a comparatively few of the millions of containers entering interstate commerce, it is beyond the power of any of the authorities to protect the public completely. For this reason, the

necessity for scrupulous care on the part of persons opening and serving foods to discard anything which is spoiled is emphasized.

No one knows just how the *bacillus botulinus* gets into any particular food. It has been found in articles put up in the home by the careful housewife and in goods packed in commercial establishments. It may be present in a few packages only of any lot. There is no method, the Bureau of Chemistry states, by which the packers or home canners can assure themselves by casual examination before canning that a product does not contain the *bacillus botulinus*. If the food were in all cases properly sterilized and perfectly sealed, the development of the poison would be impossible, but no method of preserving food has yet been found which eliminated the occasional spoiled package. Failure to sterilize may not become apparent for weeks or even months after the canning of the article. If signs of spoilage have appeared when the container is opened, it is a clear warning that the product is no longer edible.

There is no greater possibility of *botulinus* poisoning in olives than in many other food products either commercial or domestic. Until this year it has been more commonly found in string beans, asparagus, and the like. It was originally found in sausage. It has been found in cheese; it is present sometimes in stock food, such as moldy hay and other kinds of spoiled forage, but it has never been found in the Bureau of Chemistry's investigations in any kind of food that was not spoiled.

U. S. P. H. S.

NUTRITIONAL CLINICS.

Special classes, composed of children that are ten per cent or more underweight have been organized in the following schools:

5th Avenue, St. Josaphat, St. Adalberts, Dover Street, Cold Spring Avenue, St. Michaels, 4th Street, Garfield Avenue, St. Joseph, 8th Street, 18th Avenue, St. Vincents, St. Stanislaus, Mound Street, 21st Street, St. Boniface, Lee Street, Hopkins Street, Detroit Street, Jefferson St.

These classes consist of from fifty to seventy children. These children meet once a week for about one half hour in a special room, where they are weighed and given special instruction on food and habits conducive to normal health and weight. These children receive eight ounces of milk and two graham crackers in school every morning.

Special educational work is carried on in the homes by nurses of the Health Department and by a dietician employed by the Junior Red Cross. A special examination is made of every child by the school physician and a special nutritional record is kept.

Every child is given a weekly home record chart, on which it is asked to enter every day, what it ate and drank, when it went to bed and when it arose, the amount of rest and exercise; in fact, everything that may be related to its health, is entered. This weekly report is carefully reviewed by the doctor and nurse when the child is weighed and any errors of living are called to the attention of the child.

A small pamphlet has been printed by the Department, giving mothers a list of proper foods for school children.

In order to stimulate the schools and children to greater effort, there will be awarded on April 1st, and every month thereafter, three banners to the schools that have the largest percentage of children more than the normal gain for the preceding month.

At the same time that the banners are awarded, pins or badges will be given to ten children in each school, who gained the most number of ounces in weight for the preceding month.

At the end of the contest, which is June 18th, pins or badges will be awarded to all children who made more than the normal gain for this period of eighteen weeks, and medals will be given to all children who reached their normal weight. At each weighing, a gold star will be placed on the chart of every child who has gained weight.

The Junior Red Cross of Milwaukee has made it financially possible to do this nutritional work.

This is only a beginning, and we hope that by next September we will be able to have special health or nutritional classes in every school. The Junior Red Cross has placed an additional twenty-eight scales in public and parochial schools, which means that every public and parochial school in Milwaukee now has a scale.

Whose Treatment Are You Getting?

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

There are druggists who are filling prescriptions for you that were intended for someone else, and there are doctors who are handing you pills that were made for someone else.

The tendency of the druggist is to criticize the physician who dispenses his own medicine and of the doctor to criticize the druggist who prescribes for the patient. We believe that both may be justly criticized at times; the druggist when he prescribes for the patient without being able to make a proper diagnosis, and the doctor when he gives his patient medicines that he happens to have on hand, instead of giving him what he needs.

When you go to your tailor you expect him to take your measurements and make your suit accordingly. What would you think of your tailor if he said "I just measured my father for a suit and I'll make you one just like it. It's just the thing for you." Yet, when the druggist says: "I have just the thing for that cough of yours. I'll give you something that fixed up my wife," you never think that coughs differ just as much as the people themselves differ.

If people were as particular about their health as they are about their clothes, they would not be so willing to use prescriptions that were made for someone else. Of course, there are a great many ready made clothes which can be used by those that do not vary too much from the normal

or average size, but most people who come in for medicine vary from the normal, because they are supposed to be ill, and therefore cannot be treated by ready made pills. The doctors and druggists, however, are not alone at fault in this wholesale treatment of disease. Many people will insist on having the druggists refill old prescriptions over and over again for all of the neighbors and relatives.

No doubt, many people will claim results even if they did use some other individual's medicine and in some instances their claims are just, but in most instances, the effect of such borrowed or stolen prescriptions is either worthless or harmful.

One druggist told me that he did not see any harm in selling a patient with a cough, a cough mixture, because most people will only try one bottle, and if that doesn't help, they will call a doctor. His argument was that they would rarely continue taking his medicine until it was too late to call a doctor. This, no doubt, is the argument of many others who attempt to treat people without knowing what they are treating them for. They always feel that a doctor will be called before the undertaker and in that way save a coroner's inquest.

If you insist on not calling a doctor until you are deadly sick, why spend any money on preliminaries? If you want to save money by not calling a doctor early we would advise you to really save money by not

spending any money for treatment, until you feel sick enough to want a doctor. By carrying out this plan, you will find that in most cases you

will get well without a doctor; in some cases you will need a doctor, and in a few cases, you may even have to get the undertaker.



FIRST AID TO THE INJURED



SPRAINS.

Sprains are the injuries produced by wrenching or twisting a joint. Sprains of the ankle, wrist, shoulder and knee are very common. Severe sprains should always be treated by a doctor if possible. There was an old saying that bad sprains were worse than fractures. As a matter of fact, many of these "sprains" were in reality small or partial fractures near the joint, especially when involving the ankle. In severe sprains of the shoulder, wrist or ankle, an X-ray examination of the affected part should always be made if it is possible to do so. Sprains of the ankle in which extensive areas of black and blue skin are observed, extending for a considerable distance up the leg, are almost always accompanied by fractures.

Sprains are accompanied by severe pain, always increased by motion of the joint, and hence there is often apparent lack of ability to move the limb. To this is added swelling and sometimes redness, and later on possibly discoloration.

The treatment of sprains requires absolute rest and immobilization of the joint. If at the wrist or shoulder, put the arm in a sling. If a

knee or ankle is involved, put the patient in bed and rest the joint on a pillow. Apply cold water compresses, using a thick dressing large enough to wrap completely around the joint and extend well above and below it. Hot-water compresses may be used if more agreeable to the patient. Continue the compresses until the pain and swelling subside. This may require from two to five days. Then cautiously begin rubbing with alcohol diluted with an equal amount of water or tincture of arnica. Later in addition to the rubbing, which should become gradually more vigorous, begin gently moving the joints by grasping the hand or foot and moving it in various directions. These motions should be made by the operator and not by the patient. The injured person should exercise great caution in beginning to use the part. In recent years, severe sprains and strains which resisted ordinary treatment have sometimes been greatly benefited by being baked in dry air at a very high temperature. This treatment, however, requires special apparatus and skilled supervision, hence is not available for home use.

U. S. P. H. S.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
 Child Welfare Division.
 Vital Statistics Division.
 Sanitary Inspection Division.
 Food Inspection Division.
 Venereal Disease Bureau.

Communicable Disease Division.

Medical School Inspection Division.
 Bacteriological Laboratory.
 Chemical Laboratory.

Eighth Floor:

Tuberculosis Division.
 Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
 Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

SOUTH SIDE DISPENSARY, WOOLWORTH BLDG., 5TH AVE. AND MITCHELL ST.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY (MARQUETTE MEDICAL SCHOOL), 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

North Ave. Station, 2918 North Ave.—Wednesday, 2:30 to 3:30 P. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 3590.

Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

The National Value of “VITAL BOOKKEEPING.”

WHIPPLE.

It is of the greatest importance to a nation that accurate records be kept of its vital capital, of its gains by birth and immigration and of its losses by death and emigration, for a nation's true wealth lies not in its flocks and herds, not in its dollars, but in its healthy and happy men, women and children. A well man is worth more to a nation than a sick man; a man in the prime of life is of more immediate worth than an old man or a child; a married man is potentially a greater asset than a single man. Hence, in a nation's vital bookkeeping the number of people, their age and sex and conjugal condition, their parentage, their health, the rate of births and deaths, are matters of great moment. Their environment is also important; their concentration in cities and villages and congested areas, their mode of housing, their occupation, their state of intelligence, their economic condition, their knowledge of sanitation, all contribute to the sum total of their usefulness to themselves and to society.

Boil the Water.

By GEORGE C. RUHLAND, M. D., Commissioner of Health.

Again the Health Department issues its warning to the public to boil all water used for drinking purpose.

To restate the reasons for this warning, which the department has found it necessary to issue each spring, briefly the following:

The water supply for Milwaukee is obtained from Lake Michigan by means of a crib located at a depth of sixty-seven feet, two miles from shore, and about five miles north of the river outlet.

Unfortunately, all of the city's sewage—about eighty million gallons per twenty-four hours — is discharged through the river into the lake, with the consequence that the city's water supply becomes heavily contaminated.

Pending the completion of the sewage disposal plant and the installation of a filtration system, the city is relying entirely upon chlorination as a means for disinfecting its water supply.

This method has been found adequate so far, especially with the relocation of the intake which moved the crib two miles further north from the harbor outlet.

For the bigger part of the year, the prevailing winds coming from the west and northwest also favor keeping the sewage away from the intake.

However, during the spring of the year, winds and storms more often come from the southwest, south, and southeast. Under these conditions the raw water over the intake is likely to become heavily contaminated.

While the Water Department endeavors to meet this situation by operating with an excess amount of chlorine at all times, and increases the dosage with storms coming from the direction indicated, it is obviously impossible to be certain that the dosage is sufficient.

It takes at least twenty-four hours to get the results of bacterial examination. These show that contamination may vary enormously within a few hours. Since these bacterial determinations are possible, unfortunately, only after the fact, dosage of necessity to a considerable extent must become guesswork.

The present warning, therefore, is issued not because at the present time there has been noted an unusual contamination, but entirely as a precautionary measure based upon experience and observation of the past.

Until the sewage disposal plant is completed, and until a filtration system is installed, there remains only one other additional means of safety, and that is: boil the water.

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Bulletin

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

MARCH 1920.

Vol. 10, No. 3.



IF YOUR Health is worth
as much as your Business,
why not give it as much
attention?

**THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF
HEALTH AND SANITARY SCIENCE FACULTY****GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.****JOHN P. KOEHLER, M. D., Deputy Commissioner.**

GEORGE E. ADAMS	Vital Statistics	E. T. LOBEDAN, M. D.	Child Welfare
GEO. P. BARTH	School Hygiene	AGNES J. MARTIN, R. N. , Superv. of Nurses	
F. E. CHURCH	Bacteriology	WM. J. McKILLIP, M. D. , Venereal Disease	
RUSSELL W. CUNLIFE	Chemistry	STANLEY L. PILGRIM, M. D. C. ,	
GEORGE R. ERNST, M. D.	Tuberculosis		Food Hygiene
C. J. KENNEY, M. D.	Contagious Diseases	T. F. THOMSON, M. D.	Sanitation

STATE LAWS YOU OUGHT TO KNOW.

SCARLET FEVER.

Quarantine of the patient for at least twenty-one (21) days from the beginning of the disease and as much longer as the severity of the case may demand, that is, until mucous membranes of nose and throat are normal, complete desquamation or scaling of the skin of the patient and disinfection of the patient and premises.

Quarantine of all adults living in the family with or in any way exposed to the patient while the house remains quarantined, unless said adults submit to thorough disinfection of their person and clothing and take up their residence in some other building during the time that said quarantine is maintained.

Children in a family associated with a case of scarlet fever may be removed to a separate building after disinfection of their person and clothing and must be kept in isolation for a period of ten days or

until the symptoms of scarlet fever develop.

When a patient suffering from scarlet fever is removed to an isolation hospital, the premises from which such patient is taken must be thoroughly disinfected, and all children in the same household must be kept in isolation for a period of ten days from the date on which the afflicted patient was removed from the home.

Isolation of patient and children associated with the patient for ten days after the removal of quarantine and disinfection of premises.

Children convalescing from scarlet fever must not attend school for at least six weeks from the beginning of the disease. Children who have been associated with the patient suffering from scarlet fever shall not attend school for ten days after disinfection of premises and removal of quarantine in quarantined home.

The law requires that YOU report to the Health Department every case in which communicable disease is suspected.

Bulletin of the Health Department

Published for the Citizen of
Milwaukee, Wis.

MARCH 1920

CHLORINE NOT THE CAUSE.

By GEO. C. RUHLAND, M. D., Commissioner of Health.

Just as the copy of this issue for the Bulletin was ready to go to the printer, the city was subjected to a recurrence of the obnoxious odor and taste in its drinking water supply, which, as will be remembered, in 1918 called forth such bitter resentment as to bring about the mobilization of both the state and federal authorities for the purpose of abating the nuisance.

Though not lasting for as many days, nor being of the intense character as in 1918, the disagreeableness of the odor and taste was quite sufficient to fully justify the acrimonious denunciation generally voiced.

To subject a community of over half a million of people to a situation where its water supply—one of life's first necessities—is made practically unusable, is an outrage that cannot be condemned too harshly.

It is exceedingly unfortunate that under circumstances so distressing and irritating, the fallacious report again has been put into circulation that the obnoxious odor and taste is the result of the chlorine which is being used in disinfecting the city's water supply.

The spreading of such a report is pernicious in the extreme and can have no other effect than to mislead the community as to the true cause of the nuisance and to hamper the departments that are charged with the responsibility for the water sup-

ply and the protection of the public health.

Chlorine, as has been said many times before, is being used daily and constantly for the disinfection of the city's water supply. It is not being added only now and then and in a haphazard way. It has been used for many years now, and is applied under the supervision of an experienced chemist. It is being used in the same way and for the same purpose in practically every large American city.

Chlorine must be used until the sewage disposal plant is completed and a filtration system has been installed. Until then chlorine stands as the only means of safety between the public and disaster.

Chlorine is not the cause of the obnoxious taste and odor. The investigation in 1918 definitely proved that the obnoxious taste and odor in the water was mainly due to phenol or carbolic acid.

The source of the contamination was traced to a plant several miles beyond the city's limits, which manufactured carbolic acid, and which discharged tons of this acid into the lake along with its waste products.

The operation of the plant in question has been suspended now for more than a year. Warning was given, however, at that time by the federal authorities, who assisted in the investigation, that recurrences of

the nuisance might occur as the deposits of the acid might be churned up by storm and wave action.

This, then, may explain the present recurrence. It is, however, also possible that the industrial effluents from other plants may be responsible.

These possibilities are being investigated. In the meantime the matter has also been taken up with the State Board of Health, which, under the laws passed at the last session of the Legislature, has been given ample power to deal with the situation, should it prove to be beyond the city's jurisdiction.

PLAY AND RECREATION.

BY GEORGE C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

The program of the Extension Division of the Milwaukee Public Schools for this year calls, among other things, for additional playgrounds and additional social centers.

We wish to go on record as being heartily in favor of both these activities, and endorse the division's request for their enlargement.

Milwaukee so far has not met her opportunity and responsibility in the matter of providing adequately for play and social recreation. Practically every other large American city has provided more liberally in this respect.

Play and recreation are important factors in the development and maintenance of our physical and social well-being and health.

Playgrounds are fully as necessary for the best development and training of the child and future citizen as is the school. The two must go together. A healthy mind can develop only in a healthy body. The child needs physical exercise in order that its body may develop properly.

Such exercise is best accepted in the form of play. Play under supervision, as it is offered at our public playgrounds, will do more, however, than merely develop muscle. It will develop discipline and a sense of fairness. It will develop true democracy. It will help to keep the child straight by developing a wholesome outlet for surplus energy.

Play and recreation are necessary also for the grown-ups. All work and no play is just as harmful to the adult as it is for the child.

It is not enough to shorten hours of labor, it is fully as important that suitable recreation be provided for the hours that are not spent in labor. There is danger where hands are kept idle. The social centers provide wholesome diversion and valuable opportunity for selfimprovement.

Inasmuch as the necessary money for a reasonable enlargement of these activities fortunately has been provided, there should be no delay now in getting these activities established.

This is the time of rapidly changing temperatures and slushy weather conditions—a combination that is likely to develop colds. Play safe; protect yourself adequately. Keeping your feet warm and dry will go a long way towards avoiding colds.

THE MILK PROBLEM.

BY JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

Although milk, as a food, is as old as the world itself, yet few people even in this day and age realize its value. From laboratory experiments as well as from actual experience we know that the development, the health and the very existence of most animals as well as of people is dependent more upon milk than anything else, excepting air. We know that animals as well as children raised on milk are larger and stronger than those that are raised on substitutes. Even chickens whom nature intended to raise without milk do so well on milk that milk-fed chickens command the highest market price.

There must be something in milk besides just so much proteid, fat and carbohydrate, or its results would not be so marvelous. Since milk appears to be so essential to health and life we believe the time has come when it will not be out of place for a health officer to discuss the milk problem.

We hear a great deal about the conservation of our natural resources, such as lumber, oil, coal and other minerals, but hear very little concerning the conservation of our most natural resource, milk. In ancient times the land promised to the Israelites was not the one abundantly supplied with lumber, oil, coal and minerals, but the one flowing with milk and honey. We have been either falsely led to believe that there are substitutes for milk, or we have not studied the milk problem sufficiently to realize how easy it is to exhaust our supply. The best way to increase the supply of milk is to

increase the demand. Milk is not manufactured like beer or soda-water, where the supply can be increased in a day's notice. It takes from two to three years to build a milk factory. Each factory or cow will produce about two gallons of milk per day, so that if we ever permit our milk supply to decrease it will take years to increase it. No dairy-man will keep his cows very long just for the pleasure of feeding and milking them. He is just like the rest of us, and will turn to the thing that brings him the most money. If he can't afford to raise, feed and milk cows for eight cents a quart for milk, he will sell his cows to the butcher and raise grain or potatoes instead of milk. Many people think that milk at 12 cents a quart is exorbitant and yet gladly pay 20 cents a quart for soda-water, ginger-ale or near-beer, all of which can be made in unlimited quantities every day of the year.

The popular thing nowadays is to make the public believe that they are charged too much for the necessities of life, regardless of the facts in the case. If the druggist or grocer realizes a profit of 5 cents on every bottle of soft drinks, everyone feels that he is entitled to it, but if the milk distributor makes a half cent on a bottle of milk, he is considered a profiteer.

Let us be fair to the people who supply us with milk. Let us protect our future welfare by increasing the supply of milk, which can only be done by increasing the demand and paying enough to make it worth while for the farmer to produce it.

HOW TO CHOOSE YOUR FOOD.

From "Personal Hygiene"—Pyle.

It is frequently asked what should be the character of the food taken. The answer must at first be as general as the question; and it may be said that the digestion may be taxed either in the quantity or the quality of food, and in direct ratio with the resisting power and vital energy of the individual. The climate and occupation must also be considered. A stalwart wood-chopper requires in the winter large meals rich in fats and carbohydrates, which, in the process of oxidation, produce relatively a large amount of heat, and albumins that more directly nourish the muscles and nerves. With such a worker, so long as there is sufficient nutritive value in the food, great attention need not be paid to its variety, nor even to its digestibility. For instance, certain woodsmen crave a very resisting form of pastry because it "stays by" and does not too quickly leave the stomach empty. For such persons the hastily prepared oatmeal-porridge is suitable, because it is slow to digest.

For the sedentary and indolent person the supply of food should be small and digestible. For the sedentary brain-worker the amount taken should be increased in proportion to his mental activity, and it should be easily digestible and very nutritious. In a cold climate, as is generally known, large amounts of fats are required, while in hot climates the carbohydrates and fruits seem to be demanded by the organism.

For the ordinary business or professional man, or the student, a

breakfast may be advised to consist of one or two soft-boiled eggs or an omelet, a piece of bacon or fish, a roll or some toast, and one cup of coffee. Oatmeal is unsuitable, because it is rarely well mixed with saliva, but is hurriedly bolted, deglutition being facilitated by the covering of cream. The same may be said of other "cereals", except those that are partially dextrinized by previous cooking in the process of manufacture. Early in the morning at least a glassful of pure water, neither iced nor hot, should be taken.

If the breakfast hour is at eight, the luncheon hour should be at one. Milk is an excellent aliment for this meal. It disagrees with some, but this is usually because other foods are taken with it. Milk is not to be regarded as a drink, but as a food. It is best taken alone, but it generally agrees better if a certain amount of starchy food is taken at the same time, although the latter should neither be saturated with milk nor washed down by it. Milk should be drank and bread eaten slowly. The object of this is to take advantage of the action of the saliva in converting starch into maltose. For those who dislike it, or with whom it does not agree, the luncheon may consist of broth or light soup, bread and butter, a few oysters, sweetbread or stewed lobster, and perhaps a little farinaceous pudding like corn starch, thoroughly prepared rice, or tapioca. Of such a luncheon fruit may form a part, or fruit may be taken before breakfast and rarely after dinner.

With such an arrangement, dinner should be taken at six or thereabouts. This meal should be as much as possible served slowly in courses. The conventional arrangement of the courses at dinner is a desirable one, and is apparently the result of the experience of ages. The preliminary course of a good soup that is not too rich, to be followed by fish, then a joint or roast, with one or two vegetables, a small salad, bread, and some simple dessert constitute a typical dinner, and in amount should be sufficient to make up for the somewhat scanty meals that preceded it.

The digestion is usually taxed in proportion to the variety of the foods taken; therefore, when the stomach reacts unfavorably to an extended meal, food should be limited—first in variety, and second in quantity. The precise amount to be taken during all these meals is a matter that must depend upon the individual requirements. As a rule, more food is taken than necessary; but there is a large class of nervous people who eat regularly, but rarely take a sufficient amount of really nourishing foods to replace that which is lost by waste.

HOME CARE FOR THE SICK.

BY GEO. C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

Sickness, unfortunately, still is all too common among us. According to a survey made some time ago, the number of sick in Milwaukee each day may be estimated as between forty and fifty thousand.

The survey also showed that over 50% of these were without any medical attention. While it may be argued that for a goodly number of them this may not have been of any material consequence, yet it surely is a fact that an equal, if not greater, number was seriously damaged because of the lack of proper care and attention.

There is no doubt that annually a great many lives are lost because of the unpreparedness of the home to render the necessary first aid until the doctor comes, and that many a patient is lost because of the inability of the home to afford trained help in nursing the sick.

The home of moderate means particularly is at a serious disadvantage in this situation, because, as is well known, only the very wealthy and the very poor are able to receive the best medical care and attention. Outside of public and private hospitals, the assistance of a trained nurse is rarely available for the family of average means.

In recognition of this state of affairs, and in recognition also of the great importance to bring into the average home a better understanding of the principles of nursing, the department has arranged to give a free course of instruction in First Aid and Home Care of the Sick.

It is not the intention of the department to train a corps of professional nurses, but it is hoped that by offering this course, those who will avail themselves of the opportunity will be placed in possession of some

definite knowledge which will enable them to apply first aid until the doctor comes.

Similarly, it is hoped that by training the mother, upon whose shoulders ordinarily falls the responsibility for such sickness as comes to her home, she may be made more competent and efficient to render this service. While the devotion of a mother is an invaluable asset where she is called upon to care for her sick child, mother love alone cannot take the place of trained and intelligently guided efforts in the care of the sick.

The course, as it is now offered, covering a period of five weeks of two lectures per week, is in our judgment a distinct improvement over the course which was offered by the department several years ago. The

instruction has been reduced to practical demonstrations almost throughout, so that it will not be a matter of presenting abstract knowledge.

In giving this course, there is, however, yet another advantage which the department hopes to gain from it, and that is the implantation of a better understanding of the principles of hygiene into the home from which some member has been in attendance upon this course. It is not merely in dealing with the individual case of sickness as it arises, but more often in the prevention of such sickness by a better understanding of the principles of personal hygiene, that the department hopes to gain for the individual, as well as for the community, a substantial advance in the matter of the protection of the public health.

POISONING.

UNITED STATES PUBLIC HEALTH SERVICE.

The symptoms of poisoning depend upon what poison has been taken. Many poisons produce nausea, vomiting, purging, and collapse. Others bring on convulsions, or spasms, and a few cause the patient to become gradually unconscious without any other striking symptoms.

In endeavoring to determine what poison has been taken, if no information can be obtained from the patient, an examination of the surroundings may throw light on the case. An empty bottle may be discovered in the vicinity or some of the substance may have been spilled over the floor or clothing which can be smelled and otherwise examined. It may be ascertained that certain poisons were in the house and one

of these may show signs of having been recently opened or handled. Always smell the breath and examine the mouth. The mouth may be stained or burned by certain chemicals in a characteristic way, such as follows drinking carbolic acid or other strong acids.

If the patient has taken a drug accidentally he will, of course, be willing to tell what it was, if he is conscious.

A skilled physician is often able to decide from the symptoms what poison has been taken, but this can not be expected of a layman. Always send immediately for a doctor if poisoning is suspected, but pending his arrival certain first-aid measures may be undertaken.

General treatment of all poisoning. In the absence of a direct knowledge as to just what to do, the following line of procedure is recommended:

First. Give the antidote if it is known and available. Lacking the proper antidote, white of eggs, milk, or strong tea may be administered, as they will do no harm and are somewhat antagonistic to a number of common poisons.

Second. Get the poison out of the stomach as promptly as possible.

After administering the antidote the stomach should be emptied as quickly as possible. The antidote is expected to combine with the poison and render it harmless, but it may not be effective, or the resulting mixture may be harmful if afterwards absorbed. To cause vomiting, tickle the back of the throat with the forefinger or give an emetic.

Emetics.—Emetics are substances which produce vomiting. The ones most available are luke-warm water mixed with mustard or common salt. A heaping teaspoonful of mustard or salt to a cupful of luke-warm water—stir it and have the patient drink the mixture. Repeat the dose every 10 minutes until 3 or 4 tumblerfuls have been swallowed if vomiting does not occur sooner. It is well to cause the patient to vomit several times and to have him drink freely of luke-warm water in the intervals. This process assists in washing out the stomach. One or two teaspoon-

fuls of sirup of ipecac or wine of ipecac are good emetics. Such preparations of ipecac are often kept in the home to administer to children with croup.

There are a few poisons in which it is not wise to give an emetic, but in an emergency, in the absence of a doctor and specific knowledge to the contrary, the general rule for giving an emetic holds.

Third. After giving the emetic and producing vomiting, the various symptoms which arise should be treated according to the nature of the case.

If the pulse becomes rapid and weak, hot coffee, one-half teaspoonful of aromatic spirits of ammonia, or small doses of whisky or brandy should be given. If the patient is greatly weakened and prostrated, as he generally will be, hot-water bottles should be applied around the feet and extremities and measures taken to sustain the general strength.

Warning.—Poisons, such as carbolic acid or antiseptic tablets, should not be kept on the same shelf with harmless remedies. Such drugs should be kept in a separate place or in a special box and well out of the reach of children. Poisonous solutions should never be left in drinking glasses, as children or even adults may drink them without the knowledge of their dangerous character.

Dr. Wm. Hopkinson gave a most interesting and helpful talk to the Department Nurses and the nurses of the Visiting Nurses' Association on February 27th. Some of the points Dr. Hopkinson drove home

were that an apparently sound tooth does not always mean a perfect tooth, that a clean tooth will not decay, therefore the importance of early instruction in the use of a tooth brush. That poor teeth cause malnutrition, not malnutrition, poor teeth.

PATENT MEDICINES

By GEORGE C. RUHLAND, M. D., HEALTH COMMISSIONER.

Whatever else may be said of the patent medicine man, he certainly is strictly up-to-date. Not only does his golden medical discovery — gilded with the gold which a gullible public is willing to pay for it—exactly fit the needs of the most recently discovered malady, but he also very tactfully considers the public's wishes for seasonal changes.

Just now it is spring tonics and blood purifiers for pale people. If you want to have color in your cheek, get rid of that tired feeling, stir up the sluggish liver, which has been hibernating throughout the long winter, have your food taste good, kill a cold, ventilate your nose, limber up the stiff joints and sore muscles, just take your favorite newspaper, turn to the advertising page, close your eyes, say: ene, mene, mina, mo, put your finger on the page, and nine times out of ten you will have found precisely what you want.

It does not make so much difference if your diagnosis is correct or not, the guaranteed remedy will take care of that alright. If you are in doubt at all, read a testimonial or two—you will always find a few— and restore your faith.

Perhaps you may never have heard of such a place as Nace, Va., but then G. L. Keltz lives there, and you

have his assurance that he was miraculously cured of rheumatism when all else failed. By the way, isn't it too bad that most of these testimonials are by people of such far away places, whom you cannot readily consult.

Occasionally, it is true, we find someone in our own burg who has affixed his or her name to a testimonial. Oftimes, as we have found, this is done without any knowledge on part of the signer as to what the testimonial contains. At times it is done for the consideration of a few bottles gratis, for nothing, free.

At times it happens even that the testimonial which proclaims a wonderful cure over the name of some individual, appears simultaneously with the death notice of the signer of that testimonial. That, of course, is exceedingly embarrassing, but then, the average person who reads the patent medicine literature is not supposed to peruse the death notices at the same time.

All of which, we must confess, makes us just a wee little bit conservative to accept patent medicines and their testimonials at face value.

Before you invest any more money in patent medicines, call up the Health Department, Broadway 3715, and find out about them.

Beware the much advertised "sure cure" for disease, warns the United States Public Health Service. While experimenting, the disease often gets beyond the point where it can be cured by a competent physician.

NUTRITIONAL CLASSES.

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

The interest in the nutritional classes conducted by the Junior Red Cross and Milwaukee Health Department, in thirteen public and seven parochial schools, is increasing daily.

Classes have been increased in many schools from 50 to 80 pupils. This increase, no doubt, is due to the fact that teachers, parents and pupils are all impressed with the value of our work. Many schools that did not ask for nutritional classes when the work was first started are now begging us to come in and we hope that the Junior Red Cross will authorize us to start classes in at least a few more of the most needy schools.

These nutritional classes are not only attended by the undernourished children, but also by many parents. At the Hopkins Street School, this week we had an audience of seventy children, fifty-nine mothers and two fathers. This shows that parents are interested much more in the health of their children than many of us ever realized.

We have all seen many undernourished children and considered it nothing unusual, but when one looks into the pale faces of eighty undernourished children, one is impressed with the fact that there is something wrong somewhere. If all of the severely undernourished children in the City of Milwaukee could be brought together, it no doubt would convince the most skeptical that more attention must be given to malnutrition. Our results so far appear too good to be true. About 80% of the children are making much more

than the average gain. In the Cold Spring Avenue School, we have one girl who has gained eleven pounds in three weeks. We have had several children gain five or six pounds in one week. We have hundreds of children who have averaged one pound a week.

Whether this interest and these gains will continue until June, remains to be seen, but we feel that if the principals and teachers will continue their fine cooperation with this Department, the success of this work will also continue.

The Junior Red Cross, Milwaukee Health Department, school principals and teachers, however, are not the only ones who have made it possible to do intensive health work on 1,200 children. The Gridley Dairy Co. are delivering about 1,200 half pint bottles of milk to twenty schools every morning, for less than two cents a bottle. It is just as great an expense to fill a half pint bottle as it is to fill a quart bottle, and yet the Gridley Dairy Co. is furnishing this milk to the children for less than 8 cents a quart. The Wright Dental Supply Co. and the E. H. Karrer Co. have purchased 432 sanitary tooth brushes which are to be given to children in the nutritional classes who are unable to provide themselves with brushes. The Kolyos Co. gave the Department 240 samples of dental cream for distribution. Nothing is accomplished by telling these children to brush their teeth if we do not see to it that they get tooth brushes and paste. One little boy said that he did not need

a tooth brush, because he used his father's. Many children haven't even a family tooth brush. The Thompson Malted Milk Co. has donated a large quantity of malted milk, which will be placed into the homes of children who prefer malted milk to other milk.

This Department has no funds with which to give material relief, and it therefore appreciates any assistance from the outside, until the time arrives when the city can take care of all needy children, or when there won't be any needy children.

PYORRHEA.

By PHILIP F. SCHAFFER, D. D. S.

The most harmful of all mouth lesions or infections which ruin the health of our people is pyorrhea (which means "running pus"), because it is so prevalent. At least 60% of our population over 40 years of age have pyorrhea at some stage or other, and many under that age also have it. Pyorrhea in its destructive stage liquefies or turns to pus the soft tissues, (gum and pericemental) surrounding the teeth, destroys the bone of the jaws, and causes the infected teeth to either fall out or become so loose that they must be extracted. The pyorrhea pockets are filled full of highly virulent germs, all destructive pus germs, and in many cases the pneumococcus. There is a constant absorption of these toxins both into the blood stream and the digestive tract. The digestion is ruined, the blood stream polluted and the central nervous system impaired. There is no diseased condition in medicine more injurious to the general health of the public and there is no disease today more prevalent and doing more to undermine the physical health of our people than this disease of the mouth.

It has often been asked, "can pyorrhea be cured." This can be

answered both in the affirmative and negative. It all depends on what stage the disease has reached; and again the word "cure" is a relative term as applied to any disease. In the treating or curing of pyorrhea we cannot replace lost gum and pericemental tissue where it has been destroyed, but it can truthfully be said that the soft tissues can be freed from germs and pus, irritations removed, and the parts made altogether hygienic, healthy and comfortable. With this much accomplished the resulting improvement in general health usually speaks for itself.

Dr. Mayo has repeatedly said: "The first step in preventive medicine lies in the mouth." It might be added that progressive dentistry is preventive dentistry. Prevention is the keynote of the handling of the problem of pyorrhea. Mouth hygiene and prophylaxis taught in public schools in the form of tooth brush drills and lectures, dental clinics, research work, and the early recognition of the condition by the Dentist—all these make for prevention and should be strongly encouraged by our professional men and supported by the public.



FIRST AID TO THE INJURED

**Disinfection of Wounds.**

It was formerly the custom to attempt to destroy any bacteria which might have gotten into a wound at the time of the accident by washing the injury with solutions of carbolic acid, bichloride of mercury, hydrogen peroxide, or similar substances. It has been demonstrated, however, that it is practically impossible to kill all the germs in this way and that if the solutions are of sufficient strength to kill the germs that they will do harm to the tissues. In first-aid work wounds therefore should not be irrigated with such solutions unless they are very badly soiled with dirt or if it is necessary to wash out a number of small foreign particles. If the wound is reasonably clean it is much better to simply apply tincture of iodine. This is done by taking a clean match or toothpick, twisting a small amount of cotton around the end to make a swab, dipping the swab in the iodine, and applying a light coat first to the wound and then to the surrounding skin. The iodine will destroy most of the germs and do no harm to the tissues. Experience has shown that in first-aid work wounds which have been treated with iodine in this way do better than those which have been washed out with watery solutions. If the skin of the hand, or part which happens to be injured is very dirty, it is permissible to dampen a cloth slightly with soap and water or gasoline and to wipe off as much of the dirt as possible from the skin some distance away from the wound,

being careful, however, to avoid touching the wound itself or the area immediately adjoining it. Under no circumstances should ordinary water be put into a wound, nor should the cleansing cloth be sufficiently wet to permit the chance of any of the cleansing fluid running into the wound. After the tincture of iodine has been applied the wound should be dressed and the dressing held in place with a bandage or other appliance.

Tincture of iodine is sometimes used just as it comes from the drug store, but it is very much better to dilute it. When buying tincture of iodine for application on wounds it is advisable to always have the druggist add an equal amount of grain alcohol to the regular preparation, making a half-strength tincture. This diluted solution is very efficient for killing bacteria and is not so likely to irritate the skin as the full strength. The weaker solution should be always used for applying to wounds when available. It is also wise to allow the alcohol to evaporate for a few moments before applying the permanent dressing.

Wet dressings should not be placed on skin which has been recently painted with tincture of iodine, as irritation is likely to result. Iodine may be removed by washing with alcohol. The irritating action of too much iodine on the skin can be checked by applying thin, cooked starch paste.

U. S. P. H. S.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:	Communicable Disease Division.
Executive or General Offices.	Medical School Inspection Division.
Child Welfare Division.	Bacteriological Laboratory.
Vital Statistics Division.	Chemical Laboratory.
Sanitary Inspection Division.	Eighth Floor:
Food Inspection Division.	Tuberculosis Division.
Venereal Disease Bureau.	Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

North Ave. Station, 2918 North Ave.—Wednesday, 2:30 to 3:30 P. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 3590.

Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HEALTH BRIEFS.

A special course on social service is being given to the nurses of the department.

A total of 2,199 inspections were undertaken by the Sanitary Department for the purpose of correcting nuisances and insanitary conditions.

The Chemical Laboratory and Bureau of Food Inspection have been very active in investigating and examining soft drinks. Seven cases, involving adulteration of food and the illegal use of preservatives, were taken into court and brought conviction of the defendant.

During the month of February, school physicians made over 11,000 morning inspections, completed 3,737 physical examinations, excluded 309 children; 2,736 special examinations as to dental conditions were made out of which 416 were given treatment. The eye, ear, nose and throat specialists attached to the service, handled 173 special cases.

The Bureau of Communicable Diseases reports a total of 72 cases of small pox during the month of February. All of these cases occurred among the unvaccinated, mostly children of school age. Over 3,300 vaccinations were undertaken by the Bureau as a control measure. If every one were vaccinated in early life, small pox would soon disappear.

The report of the Nursing Division for the month of February shows a saving of 3,148 calls, or nearly one-third, in the follow-up home call work, by being able to take care of more than one condition at each call. This is rather striking proof in favor of the department's district nursing plan, under which each nurse engages in all of the nursing activities of the department in her district.

FIRST AID

AND

Home Care of the Sick

FREE COURSE

=====OF=====

INSTRUCTION



===== CALL =====

Milwaukee Health Department

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Bulletin

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

APRIL 1920.

Vol. 10, No. 4.

*"THERE is no Contagion equal to the
Contagion of Life. Whatever we sow
that shall we also reap, and each thing sown
produces of its kind."*

—RALPH WALDO TRINE.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

GEORGE E. ADAMS..... Vital Statistics
GEO. P. BARTH..... School Hygiene
F. E. CHURCH..... Bacteriology
RUSSELL W. CUNLIFFE..... Chemistry
GEORGE R. ERNST, M. D..... Tuberculosis
C. J. KENNEY, M. D..... Contagious Diseases

E. T. LOBEDAN, M. D..... Child Welfare
AGNES J. MARTIN, R. N., Superv. of Nurses
WM. J. McKILLIP, M. D., Venereal Disease
STANLEY L. PILGRIM, M. D. C.,
..... Food Hygiene
T. F. THOMSON, M. D..... Sanitation

STATE LAWS YOU OUGHT TO KNOW.

Whooping Cough.

1. Cases must be reported to the local health officer within twenty-four hours.

2. Conspicuous placard on house.

3. Isolation of patient until after whooping stage (about six weeks).

4. Children who have whooping cough are not permitted to leave the premises and children other than members of the family shall not enter or remain upon the premises while the home is placarded. Well children may go to school.

5. Thorough disinfection of the infected rooms and contents after death or recovery of patient and before placard is removed.

Smallpox.

For the patient: Quarantine until after all crusts or scales have fallen off or been removed, and the disinfection of the patient and premises.

For exposed persons: Quarantine for fourteen days from date of last exposure, unless successfully vaccinated, and person and clothing disin-

fected, or protected by a previous attack of the disease and person and clothing disinfected.

Smallpox in schools.—Section 40.71. "To prevent the spread of smallpox the local board of health of any city, incorporated village or town where the disease is present in any school district or part thereof, which is included in such city, incorporated village or town, shall prohibit the attendance at school in any such district or part thereof, for a period of twenty-five days, after the appearance of smallpox, of any and all pupils and teachers who have not been successfully vaccinated or who fail to show a certificate of recent vaccination."

Section 1413m. "Should new cases of smallpox continue to develop in such school district or part thereof, after the expiration of twenty-five days, the local board of health shall upon the advice and consent of the State Board of Health, renew such order for another period of twenty-five days, or so many days thereof as the State Board of Health may deem necessary in order to control the epidemic."

Bulletin of the Health Department

Published for the Citizen of
Milwaukee, Wis.

APRIL 1920

SEWER GAS.

BY GEO. C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

A recently published press dispatch quotes a London sewerman to the effect that they—the sewermen—were the healthiest people in London.

The report describes the sewer man, who, as we are informed, for fourteen years has been touring the sewers of London, as “peachy with the bloom of health and with eyes clear and blue.”

The sewerman is further quoted as ascribing his unusual robustious health to the nature of his work, and as recommending the work as especially healthful for the consumptive who wishes to regain both weight and health.

While we are not disposed to recommend sewers as sanatoria for the tubercular, or otherwise as health resorts on the strength of the sewerman's testimony, there is, nevertheless, a valuable lesson to be gained from this report, insofar as it corroborates the fact that sewer gas or air does not possess those dire disease producing properties with which it has been popularly credited.

There is nothing new in the story of the London sewerman. Careful investigations of the occupational hazards of those employed in sewers have been made from time to time in various large cities. These investigations all have shown the same result,

in that they found that those so occupied were not only not suffering in health because of their occupation, but usually enjoyed excellent good health.

It is not to be argued from this that the occupation of a sewerman should be the occupation of choice if one wants health.

It should be clear, however, from these well authenticated reports that there is nothing in the old sewer gas bugaboo.

The air coming from sewers is unpleasant, to be sure, and we don't want it in our homes.

Sewer gas, however, does not carry typhoid or any other germs; the air in sewers being moist, on the contrary, is singularly free from germs—a fact which no doubt is to the advantage of sewermen.

There is no reason to worry about sewer gas; nor is there any reason for spending a lot of money on expensive traps for protection against danger from sewer gas. For the purpose of avoiding offensive odor, the house plumbing should be provided with proper and suitable traps and vents. It is not necessary, however, to put in a trap in the main house drain, nor does the State Plumbing Code any longer require this.

Compulsory Dentistry for Children.

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

Notwithstanding the fact that the medical profession as well as the more intelligent laity are convinced beyond all doubt that a child's present as well as future health is dependent more upon good teeth than any other factor, it appears that about 70% of all school children have defective teeth. When good teeth are so vital to a child's life, it seems incredible that parents, teachers, and health authorities could permit so many children to have bad teeth. The reason that so many children have defective teeth, undoubtedly, is mostly due to the fact that children are permitted to decide on their own dental needs. As long as children are not suffering from excruciating toothache, they will postpone their trips to the dentist from one year to another and parents usually are ready to approve of such delays on account of well intended but short-sighted sympathy for their children. That it is not a question of expense is easily proven by the fact that many children in well-to-do families have neglected teeth and many children in poor families who have been urged by our school nurses for years to attend our free dental clinics, have neglected to do so.

We know from past experiences in health and educational work that we cannot depend entirely upon parents

and children to voluntarily do what is best for themselves and the state.

We have compulsory school attendance.

We have compulsory vaccination for smallpox.

We have compulsory quarantine of people with contagious diseases.

We have laws to keep children under 14 years out of industry. In fact, we depend very little on voluntary cooperation of parent or child when the child's future welfare is at stake. Why not then compel children to take better care of their teeth? We may have a free dental clinic in every public and parochial school and still have thousands of children suffering from neglected teeth, unless something is done to make them attend these clinics or go to their family dentist regularly.

No child should be promoted from one grade to another without a doctor's and dentist's certificate of good health. A child whose teeth and general health are not the best, is not going to improve in health by making the school work heavier. If children and parents realized that school promotions depended as much upon the teeth of children as well as upon their brain, they would make more of an effort to keep teeth from decaying and if once decayed, consult a dentist immediately.

Don't always call the aching joint "rheumatism", says the United States Public Health Service. Bad teeth are sometimes the real cause and it is always wise to consult both the doctor and the dentist. Have an X-ray made of the teeth.

SICKNESS AND LABOR SHORTAGE.

By DR. HUGH S. CUMMING, Surgeon General of the United States
Public Health Service.

"Through the various relief societies, the people of America have been made pretty familiar with famine conditions in the Old World, but so far they have no idea of the havoc being wrought by diseases.

"To begin with, the man-power of the world is woefully short. The war casualties alone account for much of this, but in addition to the casualties in the various armies, influenza killed off several more millions. There is hardly any place in the world that escaped the epidemic of 1918-19. Thus we have these two causes responsible for an enormous shortage in world labor. We may still add to this the effect of epidemic diseases that are even now sweeping through Asia and eastern and central Europe, regions where in normal times large quantities of raw materials and foods are produced.

"Unfortunately there are no reliable statistics available for the countries which appear to be suffering most, but we may make some comparisons which are illustrative. In the United States in a normal year, for each person gainfully employed there is a loss of nine days due to sickness, a large part of it being preventable. There were approximately 290,000 deaths from pneumonia in the United States in 1918. For every death from pneumonia in the United States we count 125 sick days. There were over 13,000 deaths from typhoid fever. A death from typhoid fever corresponds to a loss

of from 450 to 500 sick days. There were over 150,000 deaths from tuberculosis. A death from tuberculosis corresponds to slightly more than 500 sick days among whites and slightly less than this among colored. While it is true that these are diseases in which the death rates are high, that is not the chief factor in causing the high economic loss. Malaria fever very well illustrates the economic loss to the world due to a disease in which the mortality rate is low. Although conservative estimates place the number of cases of malaria fever in the United States at above 7,000,000 cases annually, the death rate gives no indication of this high prevalence. Yet each case of malaria fever represents a loss of several working days and a continued lowering of efficiency. If we could eradicate this malaria in the South, and other preventable diseases throughout the nation, the increased efficiency in man-power would far more than offset the loss to the United States due to the war and the influenza epidemic.

"We know that in a number of countries of the Old World production has ceased, or become inadequate, as a result of disease. Large fertile areas have not been cultivated since the war, industries are idle, or practically so. In addition to this we are facing an extensive spread of pestilential diseases, yet these dangerous diseases can be controlled, for we know a great deal about them.

Altogether the economic loss is enormous. Typhus fever is spread by the body louse; bubonic plague by the flea-infested rat; malaria fever is spread by a mosquito.

"In the tropical countries malaria is more prevalent than it is in the southern part of the United States. It is also more deadly. In some of the West Indies malaria causes one-fifth of the total deaths. The work at Panama and elsewhere has demonstrated how completely malaria can be controlled by properly conducted sanitary operations.

"A careful survey made some years ago in the Philippines convinced experts that the efficiency of labor would be increased 30 per cent by the eradication of hookworm disease. This is fairly indicative of conditions in some other sections of the world where there is a considerable amount of hookworm. The disease is spread by improper disposal of human excreta, and can be controlled and eradicated if health officers can be properly supported in their work.

"In 1917 in British India there were 267,002 deaths from cholera, 62,277 from smallpox, 437,036 from plague and 4,555,221 from 'fevers', a large portion of which were due to malaria. All of these diseases named here are preventable. The disease condition is probably as bad today as it was in 1917.

"It would take no stretch of the imagination to figure the economic saving to the world if these preventable diseases could feel the force of a joint attack from the nations of the world. Possibly no single factor would help more to restore the world to a normal basis.

"But there is another and more important reason why this world disease situation should concern the United States. We must be constantly alert to prevent some of these highly communicable diseases reaching this country. The typhus fever that is raging in Asia and eastern Europe is filtering through into western Europe. It will require the exercise of every precaution to prevent it becoming epidemic in some of the European nations. If that should occur it would be a gigantic task to keep it from reaching the United States.

"Even more dangerous, because more infectious, is the spread from one European port to another of bubonic plague. During the past few years plague has gradually invaded one Mediterranean port after another, so that at present there is probably no important port in that sea which does not harbor plague infection. This is really a very serious situation in view of the great increase in commerce which the United States will soon be carrying on with all the European ports. We face a trying situation and need to maintain our defensive machinery in the best possible condition. In addition to the regular quarantine officers at the various ports in the United States, the U. S. Public Health Service is now maintaining a number of experienced quarantine officers in various points in Europe, in order to keep a close watch on all of these diseases and keep the Service advised."

SWAT THE FLY!

WHOOPIING COUGH.

At present, whooping cough has again become unusually prevalent in our city.

Too many parents, unfortunately, still consider whooping cough a negligible disease.

The State Board of Health lists whooping cough among the dangerous communicable diseases, and properly so. Last year there occurred twenty-two deaths from whooping cough, which is more than the combined deaths from typhoid fever and measles, and as many deaths as we have had from scarlet fever.

This death rate would even appear larger if all the deaths from the complications of whooping cough were listed as whooping cough deaths.

All cases of whooping cough should have the attention of a physician and should be reported promptly to the Health Department, as required by law.

The following discussion of whooping cough is furnished by the U. S. Public Health Service:

Whooping cough is a contagious disease characterized by an inflammation of the nose, throat, and bronchial tubes, associated with a peculiar spasmodic cough, ending in a long-drawn-out inspiration accompanied by a sound known as the "whoop," from which the disease gets its name.

It is caused by a germ present in the discharges from the nose and mouth, which is disseminated through the air during the spells of coughing. Most cases occur before the tenth year, and one attack is usually protective for the rest of life.

It is believed that girls are more liable to contract the disease than boys.

The incubation period is from 4 to 14 days. In the beginning the symptoms are like those of a severe cold. There is redness of the lining membrane of the nose and throat, profuse discharge from this membrane, and a hoarse, dry cough. The face is swollen, the eyes suffused and watery, the eyelids swollen and pink in color. The cough is severe and out of all proportion to the other physical signs. There is fever, but the temperature does not, as a rule, remain above normal after the first few days. After these symptoms have existed for 10 days or 2 weeks the cough changes in character. It occurs in paroxysms which consist of a number of short, quick coughs, followed by a long-drawn-out inhalation of air accompanied by the noise known as the whoop. The coughing spell often terminates with vomiting.

Inflammation of the kidneys may be present, and the child generally loses fat and presents a run-down appearance. Consumption not infrequently follows an attack of this disease, and great care should be taken to prevent a child suffering from whooping cough from coming in contact with consumptives. The exhaustion caused by whooping cough makes it more liable to contract consumption.

As patients continue to spread infection six weeks after recovery, it is very difficult to control the spread of whooping cough. As, however, it is such a distressing disease, every effort should be made to keep well

children from associating with those having the disease. Children with the disease should be allowed to go outdoors, but should not be permitted to go to school or to moving-picture shows or ride in street cars or in any public vehicle where they may come in contact with other children.

An outdoor life during the course of the disease should be encouraged.

Children in cities, on account of dust and the presence of harmful gases in the atmosphere, suffer more than children in the country. The child should gargle his throat several times a day with a solution of hydrogen peroxide (hydrogen peroxide, 1 part; water, 3 parts). A broad bandage placed tightly around the chest and stomach may make the patient feel more comfortable.

TEA, COFFEE, AND COCOA.

From "Hygiene and Sanitation"—Egbert.

As beverages, tea, coffee, and cocoa supply fluid for the system and that stimulation of the assimilative functions that causes a sense of comfort after their use, cocoa and chocolate having also the advantage of supplying some food. But these beverages may all be abused in their use as readily as may beef-tea or alcohol, and "tea-drunkards" and "coffee-drunkards" are not uncommon in hospitals and in private life. The teacup is not always the one that "cheers but does not inebriate." Women especially who drink much tea are apt to be nervous and dyspeptic, to have the "tea-drinker's heart," and to suffer from headaches and neuralgias. They depend upon tea to take the place of nutriment, and soon use up what little store of force they may have had, since they fail to replenish it with fuel-food. Men are more addicted to the use and abuse of coffee, and often manifest symptoms directly traceable to

such intemperance. While caffeine increases heart action, and may be used to advantage in cases of cardiac debility, for the same reason it should be taken with caution and in moderation where the cardiac action is already too vigorous.

It is interesting to note that among all nervous, energetic people the use of some one or other of these stimulant beverages is common, and that "total abstainers" from alcohol seem instinctively to resort to tea or coffee. And while it is probably theoretically true that the healthy person would better abstain entirely from the use of stimulants except in emergencies or at rare intervals, yet the almost universal desire for and use of them probably indicate that under our present high tension of living there is a real physiological demand and need for them that perhaps should be satisfied in a measure, but with moderation and judgment.

Beware bootleg liquor, warns the United States Public Health Service, for much of it contains wood alcohol and other poisons. An ordinary swallow of wood alcohol may produce death or blindness. Don't Risk It

Hard, Bulky, and Uncooked Foods.

FROM "HOW TO LIVE."

Hard foods, that is, foods that resist the pressure of the teeth, like crusts, toast, hard biscuits or crackers, hard fruits, fibrous vegetables and nuts, are an extremely important feature of a hygienic diet. Hard foods require chewing. This exercises and so preserves the teeth, and insures the flow of saliva and gastric juice. If the food is not only hard, but also dry, it still further invites the flow of saliva. Stale and crusty bread is preferable to soft bread and rolls on which so many people insist. The Igorots of the Philippines have perfect teeth so long as they live on hard, coarse foods. But civilization ruins their teeth when they change to our soft foods.

Most of the ordinary foods lack bulk; they are too concentrated. For this purpose it is found that we need daily, at the very least, an ounce of cellulose, or "woody fiber." This is contained in largest measure in fibrous fruits and vegetables—lettuce, celery, spinach, asparagus, cabbage, cauliflower, corn, beets, onions, parsnips, squash, pumpkins, tomatoes, cucumbers, berries, etc.

Until recently would-be food reformers have made the mistake of seeking to secure concentrated dietaries, especially for army rations. It was this tendency that caused Kipling to say, "Compressed vegetables and meat biscuits may be nourishing, but what Tommy Atkins needs is bulk in his inside."

Cooking is an important art; but some foods when cooked lose certain small components called vitamins, which are also found in the skin or coating of grains, especially rice, also in yolk of egg, raw milk, fresh fruit, and fresh vegetables, especially peas and beans. These vitamins are very important to the well-being of the body. Their absence is probably responsible for certain diseases, such as beriberi, scurvy, and possibly pellagra, as well as much ill health of a less definite sort. Some raw or uncooked foods, therefore, such as lettuce or tomatoes, celery, fruits, nuts, and milk, should be used in order to supply these minute and as yet not well-understood substances which are destroyed by the prolonged cooking at high temperatures which is employed in order to sterilize canned foods. They are also diminished by ordinary cooking.

In addition to protein, fat, carbohydrate, and vitamins, there are other elements which the body requires to maintain chemical equilibrium, and for the proper maintenance of organic functions. These are the fruit and vegetable acids and inorganic salts, especially lime, phosphorus, and iron. These substances are usually supplied, in ample amounts, in a mixed diet, containing a variety of fruits and vegetables and an adequate amount of milk and cream. Potatoes are especially valuable because of their alkalinity.

The kitchen is the most important room in the house from a health standpoint.

DON'T MAKE YOUR OWN DIAGNOSIS.

By JOHN P. KOEHLER, M. D., Deputy Commissioner of Health.

There are many homes that are attempting to replace the family physician with a family medical book. A family medical book costs only about \$10.00, may be consulted day or night and lasts a life time, which of course makes a strong appeal in these times of H. C. L.

We have nothing to say against medical books written for the use of the laity, because they are usually well written and comparatively accurate.

We do oppose the use of these books, however, for the reason that they cannot be used intelligently by people having no medical education.

It is just as dangerous for an untrained person to hunt disease by means of a home medical book as it would be for a five year old child to go duck hunting with a double-barrel shot gun. In both cases, the weapon may be alright, but the hunter is not qualified to use it intelligently. Just the other night, a man consulted me, who had been using his home medical book for two years. He did not come to me for diagnosis, but for treatment. He had already with the assistance of his medical book made his own diagnosis. He told me that he had gravel or renal calculi, which he had been passing from his left kidney into the bladder for almost two years. When I asked him what made him think that he had gravel,

he said he had all of the symptoms of such an ailment. He claimed to have pain on the left side very frequently, more often evenings, after a hard day's work.

Usually when he had pain he noticed a lump at the seat of the pain, which he believed was due to the fact that the stone clogged up the outlet of the urine and in that way distended something (he did not know just what) that caused the pain and also the bulging. Many times when he had the pain and felt the lump, he would get relief by using a hot water bottle. This he thought was due to the fact that the hot water bottle helped to dissolve the stone. He had taken all kinds of advised drugs for renal calculi, but got no permanent relief, so he finally decided to consult a physician. Upon questioning him more closely, I was almost positive that his trouble was not due to gravel, but to a rupture or hernia. Upon examination I found my suspicion verified, because his trouble was caused by a left ventral hernia.

To the uninitiated it does not seem possible that anyone could make as big a mistake as this man did, but to the medical man it is an every day occurrence.

Treat yourself if you wish, but let your doctor first make the diagnosis.

Walk a mile each day to keep the doctor away, advises the United States Public Health Service. Try walking to work every morning and see if it doesn't make you younger and healthier.

THE BOX LUNCH.

Through the courtesy of the Red Cross, the Milwaukee Health Department has secured the services of a trained dietitian, Mrs. Philip P. Edwards, who is devoting herself especially to the problem of the undernourished child in the nutritional clinics of the Health Department.

In order that as many as possible may have the benefit of Mrs. Edwards' service, we have made arrangements to have her also offer from time to time, practical food talks of general interest.

The first of these on "The Box Lunch" is presented herewith.

A very important part of a clean and appetizing lunch box is the oil paper used to wrap the different articles of food in separate packages. This keeps the moist foods moist, and the dry foods, dry, as well as prevents the odor of one food mixing with that of another.

Whenever possible, a hot dish, such as baked beans, macaroni and cheese or even a beverage should be provided at or near the place where the lunch is eaten, to supplement it and also aid digestion.

Sandwiches are the chief food in the box lunch because they are easy to make, to carry, and everybody, almost, likes them. There are many different kinds of fillings which may be spread on thinly sliced buttered bread. For instance:

1. Chopped boiled egg.
2. Cheese, sliced or creamed.
3. Cold sliced meat.
4. Sardine.

5. Lettuce.
6. Raisin.
7. Peanut butter.
8. Jelly or jam.
9. Banana.
10. Brown sugar.

Fruit is a wise addition to the lunch and is much easier to pack and carry than the same amount of vegetable, which would serve the same purpose in the meal. It also furnishes moisture which is pleasant when eating the rather dry sandwich. The whole fresh fruit may be used or, if a suitable container, such as a paper cup, can be obtained, stewed fruit can be taken. A few well washed raw prunes, dates, or raisins fit well in the corners and little spaces in the box.

Sweets should not be forgotten. A piece of gingerbread, cake or sweet chocolate will be enough, or a few cookies, or a small amount of good candy. If a convenient cup is possible to carry, it may contain a custard or other pudding.

Liquid is desirable but not absolutely essential. Water is almost always handy, but if milk is drunk instead it will give more food.

The lunch should not be eaten rapidly any more than other meals. Enough time at the noon hour should be taken to thoroughly chew the food and for a few minutes at least for exercise in the open air.

After that, you will be surprised how much better the afternoon will go.

NUTRITIONAL CLASSES.

The nutritional clinics conducted in 20 public and parochial schools during the last six weeks have on the whole given very satisfactory results.

Out of 1,135 children regularly enrolled, 872 gained in weight, 263 lost, 684 made more than the average gain for the six weeks. The average gain per child for all of the children was $1\frac{1}{3}$ pounds. The average gain per child for normal children of the same ages and for the same length of time is 12 ounces. From this it is seen that the children in the nutritional classes have gained almost twice as much as other children. Four children reached their normal weight. This does not appear to be

many, unless one stops to remember that these children were all 10% or more under weight. The greatest gain for the six weeks was $12\frac{1}{4}$ pounds. The greatest gain for one week was 7 pounds.

The Detroit Street School had 76% of its children make more than an average gain. Hopkins Street School had $71\frac{1}{4}$ % of its children make more than an average gain. Children in the Detroit Street and Cold Spring Avenue Schools made an average gain of 2 pounds per child. The children in the Fifth Avenue, Lee Street and St. Josaphat's Schools did not gain so well on account of successful vaccinations which were made necessary by smallpox in these schools.



FIRST AID TO THE INJURED



In Case of Accident.

Send someone for a doctor.

Inform the foreman of the shop or the superintendent of the plant; in the street, the nearest policeman or police headquarters should be notified.

Tight collars or belts should be loosened. The person should be kept in a recumbent or semirecumbent position. If the face is pale, lower the head and have the person lie horizontally. If the face is flushed the head may be raised on a folded coat, blanket, or other suitable material. If vomiting occurs, turn the head to one side so that the vomited

matter will run out of the mouth and not flow down the windpipe, which may cause choking, and later, on inspiration, pneumonia. Do not attempt to force unconscious persons to drink water or stimulants, as they can not swallow.

In removing a coat or shirt to determine the amount of injury, take the clothing off of the sound side first, and then it can be more easily removed from the affected part. This will avoid the danger of disturbing a fracture. It is sometimes advisable to cut the clothing off. In such a case cut along a seam or rip up a seam. Always cut the clothing when

it is necessary to examine a badly injured or crushed limb.

In removing the clothing have a due regard for the proprieties and do not expose the patient unnecessarily.

Always check serious hemorrhage before doing anything else. Put some sort of a dressing on a compound fracture before applying splints. Treat shock before dressing extensive burns. Be prepared to improvise headrests, tourniquets, splints, dressings, and stretchers out of material available.

All wounds should be covered promptly with some sterile material, or if that can not be obtained the wound should be exposed to the air and the clothing fastened back out of the way, so that it will not rub against the wound or all over it.

In severe injuries always examine for shock and administer suitable remedies if symptoms of shock are present. In this connection remember that keeping an injured person warm is of great importance, even though he is not in shock. It is a general rule in first-aid work to keep the head cool and the feet warm.

Always see that the patient has sufficient air. Keep the crowd back and do not permit the curious or overzealous to disturb the patient. Objectionable bystanders who are needlessly exciting the sufferer can often be gotten rid of by sending them on errands, even if the errand is unnecessary.

A cheerful and hopeful attitude on the part of the assistants or bystanders is always beneficial to an injured person. Don't dwell on the accident or tell the patient how seriously he is hurt, but proceed quietly to do what is necessary without unnecessary consultation or discussion with the patient. If the person is conscious, however, in every instance, ask him if he desires your assistance before undertaking to administer first aid.

Sometimes witnesses of accidents hesitate to go to the assistance of an injured person because they become sick or nauseated at the sight of blood. This feeling can generally be overcome by keeping busy and having the mind occupied with relief measures rather than dwelling on the horrors of the accident. Standing idly by an injured person may make even an experienced surgeon feel squeamish, but the moment he starts to work the feeling disappears.

In all cases of accident it seems hardly necessary to say that the one who is rendering assistance should absolutely retain his self-control and not give away to panic. Knowledge of what to do in such emergencies is of material aid in keeping one's self-possession. Such information may be obtained by a careful study of any of the books on first aid now available.

U. S. P. H. S.

Every sore throat is a danger signal, says the United States Public Health Service, and may indicate some acute, infectious disease, such as diphtheria or scarlet fever. Take no chances. Have a physician make an immediate examination. A few hours delay may cause death.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.

Child Welfare Division.

Vital Statistics Division.

Sanitary Inspection Division.

Food Inspection Division.

Venereal Disease Bureau.

Communicable Disease Division.

Medical School Inspection Division.

Bacteriological Laboratory.

Chemical Laboratory.

Eighth Floor:

Tuberculosis Division.

Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.

Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.**TUBERCULOSIS****EIGHTH FLOOR, CITY HALL:**

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.

Saturday morning, from 9 to 12, for children.

Thursday evenings, from 7 to 9 o'clock, for adults.

Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.

Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.

Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

North Ave. Station, 2918 North Ave.—Wednesday, 2:30 to 3:30 P. M.

Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.

Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.

St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.

St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.**SOUTH VIEW HOSPITAL.**

Telephone, Orchard 3590.

Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HEALTH BRIEFS.

Boil the Water.

Every fly killed now will be worth thousands in the summer. Swat the fly!

The Bureau of Venereal Diseases has examined and given treatment to 437 cases since January 15th, 1920, when this service was established.

Two hundred and fifty-five cases of whooping cough were reported during the month of March, with three deaths. This is considerably above the normal.

Two cases of wood alcohol poisoning reported recently give warning that wood alcohol is as poisonous today as it ever was. Don't take a chance!

Another death as the result from burns received from the use of stove polish containing benzene, has induced the Health Department to ask for an ordinance prohibiting the sale of stove polish containing inflammable or explosive ingredients.

The first class—61 women—taking the Health Department's course in First Aid and Home Care of the Sick, has just completed its course. A second class is well under way, and two new classes are now forming. This is a practical course consisting largely of demonstrations. Registration for the course can be made through the Nursing Division, Health Department, City Hall.

FIRST AID

AND

Home Care of the Sick

FREE COURSE
=====OF=====

INSTRUCTION



===== CALL =====

Milwaukee Health Department

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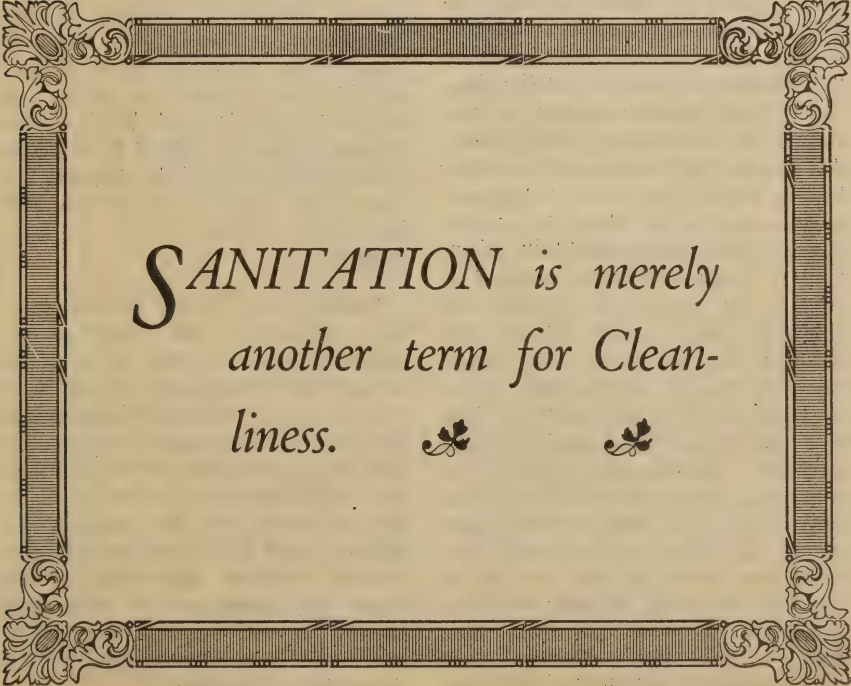
❀=====Bulletin=====❀
of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

MAY 1920.

Vol. 10, No. 5.



*SANITATION is merely
another term for Clean-
liness.* ❀ ❀

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

JOHN P. KOEHLER, M. D., Deputy Commissioner.

GEORGE E. ADAMS.....	Vital Statistics	E. T. LOBEDAN, M. D.....	Child Welfare
GEO. P. BARTH.....	School Hygiene	AGNES J. MARTIN, R. N.,	Superv. of Nurses
F. E. CHURCH.....	Bacteriology	WM. J. MCKILLIP, M. D.,	Venereal Disease
RUSSELL W. CUNLIFE.....	Chemistry	STANLEY L. PILGRIM, M. D. C.,	
GEORGE R. ERNST, M. D.....	Tuberculosis		Food Hygiene
C. J. KENNEY, M. D.....	Contagious Diseases	T. F. THOMSON, M. D.....	Sanitation

ORDINANCES YOU OUGHT TO KNOW.

Throwing Filth, Rubbish or Nauseous Substances on Streets, Etc.

Section 865. It is hereby made unlawful for any person, firm, or corporation, or for any officer, member, agent, servant or employe of any firm or corporation to place, throw or leave any slops, dirty water or other liquid of offensive smell, or otherwise nauseous or unwholesome, or any dead carcass, carrion, meat, fish, entrails, manure or other nauseous or unwholesome matter or substance, or any rubbish, ashes, paper, dirt, stones, bricks, manure, tin cans, boxes, barrels, or other substances whatsoever, or to circulate or distribute any circular, hand bills, cards, posters, dodgers or other printed or advertising matter, in or upon any sidewalk, street, alley, wharf, boat landing, dock or other public place, park or ground, within the city of Milwaukee. Provided, however, that this section shall not apply to any garbage, manure, ash boxes or receptacles, which are built and maintained not less than twelve inches above the grade of the alley, nor more than three feet from the line of any lot or parcel of land abutting upon any alley in said city. Said boxes so built and maintained shall be waterproof, and shall at all times

be kept securely covered except when depositing or removing the contents therefrom.

Receptacles for Ashes, Rubbish, Etc.

Section 866. It shall likewise be unlawful for any person, firm or corporation, or for any officer, member, agent, servant or employe of any firm or corporation, to place, deposit, throw, keep, permit or maintain any rubbish, ashes, paper or manure in or upon any lot, yard, block or enclosure within the city of Milwaukee, unless the same shall be securely enclosed and safely covered in a box, bin, can or barrel.

Penalty.

Section 867. Every person, firm, or corporation, and every officer, member, agent, servant or employe of any firm or corporation who shall violate any provision of sections 866 and 867, shall, on conviction thereof, be punished by a fine of not less than one dollar, nor more than fifty dollars, together with the costs of the actions; and in default of payment thereof shall be imprisoned in the house of correction of Milwaukee county for not less than thirty days nor more than ninety days, in the discretion of the court.

Bulletin of the Health Department

*Published for the Citizen of
Milwaukee, Wis.*

MAY 1920

KEEP THE CITY CLEAN.

BY GEO. C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

The week of May 17th has been selected by the city departments for this year's clean-up drive.

For each day of that week a certain number of wards will be selected, in which the Street Cleaning Bureau will undertake an intensive clean-up drive until the entire city has been gone through.

This, of course, does not mean that in a single week the clean-up needs in the city will be satisfied.

Keeping the city clean of necessity means work the year around. The reason for the special drive is in that, with the spring house cleaning and moving, an extra amount of rubbish and waste material is thrown out by the average household. Unless promptly collected, this rubbish soon gets to litter up streets and alleys, and makes the city unsightly.

Every householder should, therefore, co-operate with the Street Cleaning Bureau so that this department can carry out its work in the most efficient manner.

To keep the city clean, safe, and presentable, is a civic duty in which every good citizen should be glad to assist.

Cities, like individuals, are judged largely by their appearance. Tourists will not stop in a city that looks dirty and neglected; business men will not locate there; people will not care to live in such a city.

Do your share, therefore, in keeping the city safe and fit. Start today. Rid your home of all rubbish from cellar to garret. Rubbish accumulations mean fire hazards. White-wash within and paint without will not only add to the presentability and cleanliness of your home, they will preserve it as well.

Do not neglect the front and back yard. Keep them free from old bottles, tin cans, old shoes, and similar unsightly trash. Trim the lawn. Repair fences and walks. See that ash receptacle and garbage can are provided, and are properly covered as required by law.

Start a garden; dig in it for health; grow something for the table. Plant flowers, shrubs and trees.

To keep your property spick and span will do a great deal towards making your neighbor do so likewise. Set your neighbor a good example. It will enhance the value of your property; it will improve the neighborhood.

Do not forget the city at large, its parks, its streets, its public places. Some people who are particular enough where their own property is concerned, do not care much where someone else's property, or the city at large comes into consideration.

Paper and boxes thrown carelessly into the streets or on the lawn of public parks is still a nuisance all too common; so is the practice of throwing slops and sweepings, bottles, tin cans, and innumerable things that are no longer wanted, into the street or wherever it seems convenient.

The law forbids this. It should be

unnecessary to need laws to curb such an objectionable practice. Ordinary decency will not do such a thing.

Do your share to keep the city clean. Help make Milwaukee the safest and most attractive city to live in.

CLEAN UP! PAINT UP!

JOHN P. KOEHLER, M. D., *Deputy Commissioner.*

Every Spring nearly all cities have what they call a "Clean Up!—Paint Up!" week. During that week, basements, back yards, alleys and streets are cleaned by the removal of all rubbish and whatever needs painting is supposed to be painted. This is a very good campaign to have every year, although it would be much better if we cleaned up and painted up during the entire year, so that such a week would not be necessary.

There are some children like cities that clean up once in a while. They clean their finger nails, brush their teeth and take a bath only when there is a special campaign on in school, instead of doing it daily so that such campaigns are not necessary. There are many children, and especially girls, that paint up more than they clean up. Many times if one cleans well, it is not necessary to paint. This doesn't mean that we don't believe in painting, for we do. No one enjoys seeing girls with round, rosy cheeks and a clear, healthy complexion more than we do. However, there is a big difference in

paints. We believe in using paints that will not wash off. Even when you paint a house, you will use paints that will stay on several years. Why, then, use paints on your face that will not even last a day? You will perhaps say that you use only "vegetable paints" which are harmless. We know of vegetable paints that not only are harmless, but also are beneficial. Try some of the following vegetables internally and watch the color come to your cheeks: Potatoes, beets, carrots, string beans, cauliflower, spinach, celery, asparagus, boiled onions, parsnips, squash and oyster plant. Mix with these vegetable paints,—or rather painters, because they paint your cheeks—plenty of fresh air night and day, ten hours of sleep and provide yourself with a good set of teeth, to do the mixing and tell your older sister that you will no longer need to use her powders and paints, because you are going to paint up in the regular way, and that is by doing everything that will make you pretty because you are healthy, and not because you are painted.

AVOID MONOTONY IN FOOD.

GEO. F. BUTLER, A. M., M. D.

Some years ago, a mother came to me about her boy of thirteen who, she said, seemed to lack energy, was pale and thin and had no appetite. She was not particularly worried about him—in fact, would not have noticed that anything was the matter with him but for the criticisms of a grocer for whom the lad had gone to work during the school vacation and who told her that her son had no life in him and wasn't worth his salt around the store. To her, he seemed about as usual. Growing boys, she said, were always likely to be thin and listless, and she was unable to see that her Will was much different from other children of his age. When I said, the instant that I saw him, "Malnutrition!" she was inclined to feel indignant.

"Why," said she, "Will certainly gets enough to eat. I do not starve him."

Then I was obliged to explain, as every physician is so often compelled to do, that malnutrition may mean, not alone too little food, but also too much, as well as food of a wrong kind or too monotonous. I then found that the lad virtually lived on steak, potatoes, tapioca pudding, floating islands, and coffee. He ate these things and drank coffee because he liked them, and his mother permitted him to have all he wanted of them, because she loved him so; never dreaming that his low physical condition was a direct result of a monotonous diet. And she was sure that he did not eat too much of these

loved articles, for he often quit the table leaving a portion of his meal uneaten! And, although I urged the value of a proper diet with all the eloquence at my command, I could not impress convincingly upon this woman the absolute necessity of varying that boy's feeding. It was incomprehensible to her that what one eats matters much, so long as he has enough of it. Today, that boy is a fretful invalid of nineteen, looking like an old man—thin to emaciation, nearly bald-headed, pain-racked, almost helpless. And nothing in the world was the matter with him six years ago, but his daily diet. An easily effected change in the monotony of that would have assured him health and strength.

Although every practicing physician can not adduce an alarming number of cases as bad as this in his immediate vicinity, he can point to very many instances in which the effects of malnutrition are of the same kind, even if not extending to such an extreme; and I have selected this one as an illustration of the principles to be advocated here, because it accentuates a phase of domestic life that, in a greater or less degree, is present in all too many comfortable American homes—needlessly present and inevitably walking hand in hand with misery. This mother wished her son to take medicine. In her estimate, a mere change of food would not suffice. This was a grave and a typical mistake on her part. Not only could medicine not

serve the purpose; a change of food would have done so. It was no more a case for medicine than it was for civil law.

Medicine, indeed, has its great uses, but this was a matter of malnutrition, purely and simply; and, as an application of correct dietetic principles would have averted the ruin and made a man of that doomed lad, so today, in uncounted families

scattered over our land, there are men and women and children innocently dosing themselves with nauseous prescriptions for the alleviation of some complaint that no medicine ever could relieve, but which would respond either immediately or ultimately to some simple change of diet. For monotony of food is as bad for the stomach as monotony of scenery is for the eye.

CADETTE NURSES.

It is safe to say that the supply of the professionally trained nurse, or graduate nurse, as she is oftentimes called, will never be equal to the demand. Three years of training and the State Board examination, which are required of the professional nurse before she is able to obtain the coveted R. N., is a deterrent to many women who might otherwise consider entering the profession of nursing.

It is proper that the standards for the nursing profession be kept high, even if this results in keeping the number of nurses down.

There is, however, a place for less highly trained women in the care of sick, women who have received sufficient training to carry out orders under the supervision of a professional nurse. The term "practical nurse" or "cadette nurse" is applied to these.

In our own city we have a training school for just such nurses at the Bureau of Home Nursing, 808 Jackson street.

We bring herewith an outline of the course as furnished by Mrs. L.

M. Manegold, Secretary of the Society for the Care of the Sick, under whose supervision the school is conducted.

The six months' course given to the girls at the Bureau of Home Nursing consists of two months of lessons and lectures, two months of hospital experience at Beaver Dam or Waukesha, and two months in home nursing under supervision of the superintendent of the Bureau, Mrs. Frances Smith, R. N.

All students live at the school during their training. They buy foods, prepare and serve meals and are given practical instructions in house work. Graduates of this school are known as cadette nurses because they are supervised and instructed by a registered graduate nurse, and the steadily increasing number of calls on the bureau indicate the ready acceptance of its service.

The course of instruction comprises lectures on anatomy and physiology by Miss Goldstein of the Hebrew Relief Society and on materia medica and dietetics by the Superintendent, Mrs. Smith. Courses in lectures on

contagious diseases, hydrotherapy, obstetrics and surgery are arranged for with physicians of Milwaukee.

Requirements for admission to the course at the Bureau of Home Nursing are an eighth grade education, perfect health, and the age of 20, although in exceptional cases girls of 18 are accepted. Most of the young women who enter training are from the smaller towns in the state, and appreciate to the utmost the opportunity to learn this work while living in a pleasant home under supervision and care of the officers of the school and the Society for the Care of the Sick.

That the work of the organization is appreciated by the medical fraternity is shown by the co-operation of the physicians of Milwaukee. The fact that the bureau does social service work and gives medical relief where needed, as well as does charity work, are strong in its favor. Calls for cadette nurses now come from the Visiting Nurses' Association, the Health Department, Infants' Hospital, the Out Patient Department,

Children's Hospital, industrial concerns and commercial organizations, as well as from private persons. During the first years of its existence, 161 physicians asked for cadettes from the Bureau of Home Nursing and this number has increased.

There is a very great need for nurses of this kind. This is shown by the above facts. The ideal future arrangements would be to have co-operation in the matter of supervising with those organizations that have graduate nurses doing home nursing service—like the Health Department and the Visiting Nurses' Association. The Bureau of Home Nursing has such tremendous possibilities, but the greater the success and the more cadette nurses that are sent out, the greater will be the need for graduate nurse supervision, so that co-operation will have to take place in the matter of supervision if this great work is to be carried on to the greatest extent of its possibilities.

CANCER NOT COMMUNICABLE

DR. C. J. KENNEY, *Epidemiologist.*

In reply to the numerous calls coming to the Health Department inquiring whether there is danger of contracting cancer by moving into a house where such a case previously existed, the Health Department can assure you that cancer is not contagious or infectious. Among the thousands of operations for cancer on record there is no report of a case acquired from the patient by any surgeon or nurse. Ordinary care and

cleanliness should be observed in attending cancer patients, but isolation as in the case of contagious diseases, is unnecessary.

Investigation of "cancer houses," "villages," or "streets," wherein an unusual number of cancer cases have been said to occur, has invariably shown that the apparently high mortality has been due to special conditions, such as an unusual proportion of old people, among whom the

cancer death-rate would naturally be high.

The American Society for the "Control of Cancer," sets forth the essential facts about cancer, in 14 points, published herewith:

(1) During the Great War the United States lost about 80,000 soldiers. During the same two years 180,000 people died of cancer in this country. Cancer is now killing one out of every ten persons over forty years of age.

(2) Many of these deaths are preventable, since cancer is frequently curable, if recognized and properly treated in its early stages.

(3) Cancer begins as a small local growth which can often be entirely removed by competent surgical treatment, or, in certain external forms, by using radium, X-ray or other methods.

(4) Cancer is not a constitutional or "blood" disease; there should be no thought of disgrace or of "hereditary taint" about it.

(5) Cancer is **not** a communicable disease. It is not possible to "catch" cancer from one who has it.

(6) Cancer is not inherited. It is not certain even that a tendency to the disease is inherited.

(7) The beginning of cancer is usually painless; for this reason its

insidious onset is frequently overlooked, and is easily neglected. Other danger signals must be recognized and competent medical advice obtained at once.

(8) Every persisting lump in the breast is a warning sign. All such lumps are by no means cancer, but even innocent tumors of the breast may turn into cancer if neglected.

(9) In women, continued unusual discharge or bleeding requires the immediate advice of a competent doctor.

(10) Any sore that does not heal, particularly about the mouth or tongue, is a danger signal.

(11) Persistent indigestion in middle life, with loss of weight and change of color, or with pain, vomiting, or diarrhea, call for thorough and competent medical advice as to the possibility of internal cancer.

(12) Radium is a useful and promising means of treatment for some kinds of cancer. No medicine will cure cancer.

(13) Open warfare by open discussion will mean the prevention of many needless deaths from cancer.

(14) The American Society for the "Control of Cancer" is always "on the job" with information and suggestions.

MEASLES.

During the month of April, 913 cases of measles were reported to the Health Department. This is considerably more than is normal for this disease.

Public indifference, which still regards measles as of no consequence, is responsible to a large extent for the spread of the disease.

Measles begins with symptoms that

are like those of a "cold". If the "ordinary cold" were given the attention that it should have, there would be fewer cases of measles.

Measles is not a negligible disease; the complications may be serious indeed; the average mortality for measles is 4%.

Report each case promptly to the Health Department.

EATING AFTER EXERCISE.

From "Personal Hygiene"—Pyle.

Physical exertion immediately before meals is likely to disturb digestion. Its effect upon the digestion is similar to that produced by mental fatigue. Singularly enough, this fact has not been universally recognized; and it is common for people who are physically exhausted from violent exercises to indulge themselves in a hearty meal without having previously rested. Most people understand that it is unsafe to undergo vigorous exercise directly after a meal; but they do not realize the mistake of eating heartily when too tired. These truths apply more to those who are untrained and unaccustomed to physical strain; but athletes have discovered that it is not wise to eat heartily when about to engage in great exertion. Flint found that during a period in which the Pedestrian Weston walked a total of 317 miles in 5 days, he consumed on an average about 3 oz. of proteids (meat, milk, fish, peas and

beans) daily. Yet in the diet of an ordinary farmer or mechanic in this country about 4 oz. of proteids are taken during 24 hours. Of course, other forms of food besides proteids are taken, and much energy is derived from the combustion of the carbohydrates (starch and sugar) and fats. As a rule, a well-trained man who is carrying on for a prolonged period unusual physical effort is able to eat and digest more food than the ordinary man. This disproportion between the nutriment taken and the energy expended may be approximately ascertained by noting the change in the weight of the body. A. P. Bryant states that Sandow's daily diet contains 8 oz. of proteids, which supplied 4,460 calories of energy. Under great physical strain more proteid is required than under conditions of normal exercises; but when the strain is to be short and severe it is wise to retrench at the table lest there should succeed rebellion in the stomach.

SOUP.

MRS. PHILIP P. EDWARDS.

Soup supplies a suitable, nourishing, and tasty form of food for people of all ages. Usually the first addition to the babies' regular milk diet is a broth or thin soup. As he grows a little older, soup still should be one of the chief items in his day's meals. During the period of youth and manhood, he has a great variety of food and soup is often given a very

small place in comparison to the heavier foods. But as a person gets further along in years and not so much food is needed (and when perhaps the teeth are poor or missing) a good hot soup is most welcome.

Soups are divided into two classes, those made with meat and those made without meat. In the first class are the broths, which are made by

simply cooking the meat (beef) in water slowly a couple of hours and then straining and salting it. Several kinds and scraps of meat may be thrown into a kettle together with enough water to cover and simmered for several hours, then strained, and cooked rice, barley, farina, or many kinds of boiled vegetables added, with the water in which they were cooked. The other kind of soups, those made without meat, are milk or thickened soups. These are made by thoroughly cooking a vegetable, such as split peas, tomatoes, beans, corn, celery, onion, and then forcing it through a strainer. In the meantime, heat milk and thicken it with flour

and a fat cooked together, (using one level tablespoon of flour and the same of fat to each cup of milk). Add this milk mixture to the strained vegetable and heat both together. It must be remembered that all soups, **except those given to babies and young children**, should be well seasoned with salt and pepper and sometimes spices. Children's food should always be salted enough but their tastes should not be dulled by highly flavored dishes.

A hot soup is a great help to digestion and everyone, old or young, sick or well, should get into the habit of eating a bowl of soup every day.

A WORD ABOUT ATHLETICS.

GEORGE P. BARTH, *M. D., Dept. of School Hygiene.*

The time is again here when boys and girls will be called upon to defend and do honor to their school by winning from competing schools on track and field. Just a word about this.

Athletics properly and sanely followed will not harm the contestants.

The superiority of the Greeks and Romans depended largely upon the fact that physical perfection was held in high esteem and sought by all the populace, and games and sports were the order of the day. When luxury and love of ease prevailed, both nations went into rapid decline.

The restraint upon children necessarily imposed by school attendance is unnatural and should be tempered with periods of bodily activity in which all should participate in such manner and to such degree as their

physical health requires. Physical training, properly conducted, should include every boy and girl, normal or defective.

This physical education should permeate the entire educational system and should be as much a requirement for graduation as arithmetic and grammar. The tendency to expend all energies upon a chosen few who are already types of exceptional physical prowess should be combated.

Children should be classified in this branch as in other branches, the most reasonable classification being based on height and weight in the primary schools, and, in certain strenuous games, such as football, basketball, etc., where body clashes against body, in the secondary schools.

There is no reason why the curriculum should be different for boys and girls until they reach the age of

pubescence. At this period, however, a distinction should be made because of the vastly different changes which occur in the two sexes during adolescence.

With the children graded by a competent physical instructor backed by adequate examinations by school physicians, competitions within the school could be staged at stated intervals and the results marked not by individual, but by group performances, the average performances of groups counting as winning scores.

From these groups should then be selected those who have shown particular ability in certain athletic events and these selected individuals should be properly trained and be pitted against similar selected individuals from other schools.

Each team would then be truly representative of the school. By this method, the physical standard of the entire personnel of the school would be brought to a higher rational standard rather than the production from material already fit, of a comparatively few specialists.

Now, as to athletic events. These should be graded strictly according to physical standards—age, development and physical condition. Because the two mile, the mile or the 880 is a standard event in Universities, is no reason why these should be on the card of events of high schools or grammar schools.

It is not the games themselves that are inherently harmful, but that indulgences are permitted by imma-

ture and improperly trained individuals whose ambitions out-strip their judgment and strength.

That nestor of athletic training, Mike Murphy, never attempted to train a boy under sixteen because he recognized that their muscles would not permit of it.

The adjustments which take place in the human body during the growing period are sufficiently violent in themselves, and to interfere by calling upon any of the organs for excessive exertion without proper preparation (training) is taking a chance with the future health and well-being of that body.

Opinion is divided on the bug-a-boo of athletic heart and athletic kidney.

There is little danger of either if athletes are properly selected and properly trained. At present, candidates for teams are called out at the beginning of the season for some particular game. They are soft and flabby from inactivity. An attempt is then made to get them into condition by intensive training in the few short weeks of that season. This is well-nigh impossible, and is harmful especially in growing children, and should be stopped.

By a system of compulsory physical education, children should be kept in partial training all the time. Preparation for contests would then merely consist in intensifying this training in the selected individuals. This is safe, and productive of no ill results.

Beauty is more than skin deep. Natural beauty is usually a sign of health that comes from keeping the body clean and getting plenty of outdoor exercise.

BANISH THE PARASITE.

THE RAT.

First Essentials in Eradication. Starve him, by using rat-proof receptacles for food, and covered metal garbage cans. Deprive him of breeding places, by abolishing planked yards and passageways. Refuse him admission to the comfort of your buildings, by rat-proof construction and screened basement openings, by killing him at every opportunity.

Traps. Place traps wherever rats are accustomed to come for feeding purposes and keep them more or less concealed. No food other than the bait should be available.

Poison. Use a preparation of arsenious acid or phosphorus, 10 per cent in suitable base, as cheese, meal, or glucose. Or use strychnine placed inside pieces of food. Plaster of Paris in the proportion of one part to two parts of flour may be used. Trapping is preferable to poisoning.

Naphthaline. The smell of naphthaline flakes is disagreeable to rats and mice, and they will not frequent places where it is kept.

Lime. In the early fall, fill anything that resembles a rat hole in the cellar with about a cup full of fresh lime. As a rule rats will not come into the cellar at all, as they have to scratch away the lime to secure an entrance, and the lime gets into their eyes, making them sore.

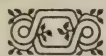
Rat-proofing. This is essentially to prevent infesting of buildings. It requires attention to the ground area, walls, ceilings, garret, roof, dead spaces in general, ventilators, abandoned sewers, doors, windows, outside piping, water and sewer

pipes, downspouts, wiring, and air or light shafts. Rat-proofing of floors is secured either by elevation of the structure with the underpinning open and free or by marginal walls of concrete, stone, or brick laid in cement mortar sunk two feet in the ground, fitting flush with the floor above. The wall must fit tightly to the flooring and not merely extend to the joist or supporting timbers, as this would allow open spaces for the entrance of rodents. Where foods are stored, concrete floors and foundation walls are imperative.

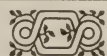
Double walls with a dead space between should be avoided, or if used should be rat-proofed at top and bottom with heavy wooden timbers, 4x4 joists, or by a concrete fill. Attics should be well opened and free of rubbish or other refuse favored by rats. Double ceiling should be avoided, especially in basements. Boxed-in structures, such as plumbing, kitchen sinks, and sundry similar arrangements, often furnish rat harborage. Such boxing should be removed. Miscellaneous openings, as light shafts, ventilators, and open windows, should be screened, preferably by 12-gauge wire screen with mesh not exceeding one-half inch. Abandoned sewers or drainpipes give access to rodents and should be protected.

The garbage can should be of metal, preferably galvanized iron, watertight and with closely fitting lid.

Caution. Poison for rats should never be placed in open or unsheltered places.—Exchange.



FIRST AID TO THE INJURED

**GAS POISONING.**

Gas poisoning is a frequent accident, especially in the larger cities and towns where gas is used for illumination purposes.

Firemen are frequently overcome from the effects of smoke and the products of combustion from wood, varnish and other materials in burning buildings.

By far the greater number of cases of suffocation due to gas in this country are caused by illuminating gas. Many persons use this method of committing suicide.

A gas burner should never be turned down low and allowed to burn all night in a room in which persons are sleeping, as the flame may be extinguished by a change in pressure or a slight draft and later the room become filled with gas. When going into burning buildings which are filled with smoke it is well to tie a cloth wet with water around the nose and mouth. As the air is generally purer near the floor than at the ceiling, the person should, if necessary, walk on the hands and knees or crawl on the floor. In entering a room or other place which is full of gas to remove a suffocated person take several deep breaths of pure air outside and spend as brief a time in the compartment as possible.

Preliminary signs of gas poisoning are headaches, dizziness, nausea, feeling of sleepiness and languor, and a rapid pulse. In later stages when unconsciousness comes on, the face and hands are blue, heart action very rapid and weak, and breathing may be shallow or entirely suspended.

The patient should always be immediately removed to where the air is fresh and good. If he is only slightly affected, walk him up and down in the open air and give some effervescing drink, such as soda water, Weiss beer, or a teaspoonful of baking soda in a glass of water. This will cause belching of the gas and relief from nausea.

In more severe cases, when the patient is more or less unconscious but still breathing, sprinkle a few drops of ammonia water on a handkerchief and allow the patient to take one breath with this under his nose, once a minute. Rub the arms and legs briskly toward the heart to promote the circulation. If the patient is conscious enough to swallow, give one-half teaspoonful of aromatic spirits of ammonia in half a glass of water.

If breathing has ceased, begin artificial respiration at once, after loosening the collar or any tight clothing around the neck and chest. Have an assistant give whiffs of ammonia, as described above, and also rub the extremities toward the heart; but do not let these procedures interfere with the artificial respiration, which must be continued without interruption until the patient begins to breathe of his own accord in a regular manner.

The after treatment is rest in bed with appropriate stimulation. In severe cases the patient should be kept in bed until he has fully recovered, as dangerous symptoms have followed getting up too early.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
 Child Welfare Division.
 Vital Statistics Division.
 Sanitary Inspection Division.
 Food Inspection Division.
 Venereal Disease Bureau.

Communicable Disease Division.
 Medical School Inspection Division.
 Bacteriological Laboratory.
 Chemical Laboratory.
 Eighth Floor:
 Tuberculosis Division.
 Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
 Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Tuesday and Friday mornings, and every afternoon from 1 to 4 o'clock for adults with the exception of Saturday.
 Saturday morning, from 9 to 12, for children.
 Thursday evenings, from 7 to 9 o'clock, for adults.
 Saturday mornings, from 9 to 12 o'clock, for children.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4TH ST. AND RESERVOIR AVE.

Wednesday morning, from 10 to 12 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday, 9:30 to 10:30 A. M.
 Park St. School, cor. Hanover St.—Monday, 2 to 3 P. M.
 Hanover St. School, near Mitchell St.—Friday, 2 to 3 P. M.
 Dover St. School, near Kinnickinnic Ave.—Tuesday, 2 to 3 P. M.
 Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.
 Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.
 North Ave. Station, 2918 North Ave.—Wednesday, 2:30 to 3:30 P. M.
 Clarke St. School, cor. Twenty-eighth St.—Wednesday, 2 to 3 P. M.
 Brown St. School, cor. Twentieth St.—Monday, 9:30 to 10:30 A. M.
 Hopkins St. School, cor. Fifteenth St.—Monday, 2 to 3 P. M.
 St. Casimirs School, Clarke and Weil Sts.—Thursday, 2 to 3 P. M.
 St. Hedwigs School, Brady and Franklin Sts.—Friday, 3 to 4 P. M.
 Eighth St. School, cor. Sycamore St.—Tuesday, 2 to 3 P. M.
 Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.
 Abraham Lincoln House, Sherman and Ninth Sts.—Wednesday, 2 to 3 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 3590.
 Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.
 Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.
 Emergency Hospital.
 South Side Contagious Disease Hospital.
 Union Pharmacy, 1120 Walnut St.
 Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HEALTH BRIEFS.

A clean city means a more healthful city.

Vaccination against small pox was undertaken in nine schools; the total number of vaccinations for the month was 4,153.

The Division of Nurses, operating with forty-six nurses, totaled 13,727 inspections; the school physicians made 7,550 morning inspections, 4,171 physical examinations, and 1,139 school visits during the month of April.

The Bureau of Venereal Diseases reports 99 new cases for the month of April. Of these 73 were among men and 26 among women. The Bureau has now also extended its service to the North Side Substation on 29th and North Avenue. Clinics will be established also at the Sixth Ave. and Mitchell St. station as soon as the necessary remodeling can be done there.

With the exception of measles and whooping cough, the contagious disease situation has been favorable during the month of April. There were 4 cases of typhoid, 49 of small pox, 53 of diphtheria, and 109 of scarlet fever reported during the month, all of which are below the normal index.

Clean Up -- Paint Up Week

MAY 17-22, 1920

DO YOUR SHARE TO KEEP MILWAUKEE CLEAN

Work Systematically.

Follow This Outline.

Remove all rubbish from attic, cellar, closet, back yard, and areaway. Have it sorted as explained below.

Remove and clean all carpets and hangings for the summer.

Scrub floors, hallways and all unvarnished woodwork thoroughly.

Use plenty of soap and hot water. Clean all windows and keep them open to fresh air and sunlight.

Ventilate damp cellars. Screen windows and doors.

Paint or whitewash your buildings, bed-rooms, cellars, fences; paint and whitewash kill germs.

Put walks in first-class condition. Plant trees, shrubs and flowers in suitable places. Keep your lawn in good condition.

Exterminate dandelions; salt cracks in sidewalks.

Donate all salable junk to the Salvation Army; place broken glass, crockery, tin cans and other rubbish in boxes for collection along street curbs. Collections will be made by the Department of Public Works, according to the following schedule:

Monday, May 17.....	Wards 1, 2, 3, 4
Tuesday, May 18.....	Wards 5, 12, 17
Wednesday, May 19.....	Wards 8, 11, 14, 23, 24
Thursday, May 20.....	Wards 9, 10, 15, 16, 19
Friday, May 21.....	Wards 7, 20, 22, 25
Saturday, May 22.....	Wards 6, 13, 18, 21

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◆ Bulletin ◆

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

JUNE 1920.

Vol. 10, No. 6.

*THERE ARE many troubles which
you cannot cure by the bible
or hymn book, but which you can
cure by systematic exercises and fresh
air.*

— HENRY WARD BEECHER.

THE MILWAUKEE HEALTH DEPARTMENT SCHOOL OF HEALTH AND SANITARY SCIENCE FACULTY

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

E. V. BRUMBAUGH, M. D., Deputy Commissioner.

GEORGE E. ADAMS.....Vital Statistics
GEO. P. BARTH.....School Hygiene
F. E. CHURCH.....Bacteriology
RUSSELL W. CUNLIFFE.....Chemistry
GEORGE R. ERNST, M. D.....Tuberculosis
C. J. KENNEY, M. D.....Contagious Diseases

E. T. LOBEDAN, M. D.....Child Welfare
AGNES J. MARTIN, R. N., Superv. of Nurses
WM. J. McKILLIP, M. D., Venereal Disease
STANLEY L. PILGRIM, M. D. C.,
.....Food Hygiene
T. F. THOMSON, M. D.....Sanitation

LAWS YOU OUGHT TO KNOW.

Measles Including Rubella (Rotheln)

1. Cases must be reported to the local health officers within twenty-four hours.

2. Conspicuous placard on house.

3. Children who have measles are not permitted to leave the premises and all children other than members of the family shall not enter or remain upon the premises while the home is placarded. Children who have had measles may attend school from the home. Well children in family who have not had measles may return to school after fourteen days from date of last exposure, provided they take up their residence in another home.

4. There are no restrictions on the adult members of the family.

5. Thorough disinfection (not fumigation) of the infected rooms and contents after death or recovery of patient and before placard is removed.

Chicken Pox.

1. Cases must be reported to the local health officers within twenty-four hours.

2. Conspicuous placard on house.

3. Children who have chicken pox can not attend school or leave the premises. Children other than members of the family shall not enter or remain upon the premises while the home is placarded.

4. Fumigation not required. Well children may go to school.

EATING TO LIVE WELL

No one can have health who eats too much.

No one can have health who eats too often.

No one can have health who eats when tired, hurried, worried, anxious, or excited.

No one can have health who rises late, gulps down a hearty breakfast, swallows a sandwich and a glass of milk for lunch, and tops off the

whole performance with a late dinner.

When you have eaten, do not wonder if the food will agree with you. When you begin to wonder, trouble begins. If you fear it, do not eat it. If you eat it, do not fear it.

Be cheerful at your meals. A sour countenance will give you a sour stomach.—Good Health.

Bulletin of the Health Department

Published for the Citizen of
Milwaukee, Wis.

JUNE 1920

SMOKING AMONG BOYS.

BY GEO. C. RUHLAND, M. D., COMMISSIONER OF HEALTH.

According to reports received by the Health Department, cigarette smoking is becoming more common among boys at high school, and it is said to be spreading even among the boys of the upper grades in the primary schools.

The reason for this epidemic of cigarette smoking among boys, in part at least, may be explained on the basis of hero worship. The cigarette, as the most popular "smoke," which was so abundantly supplied to our soldiers, undoubtedly has become symbolic of the swaggering hero himself in the eyes of the boys, who imagine that by imitating this one habit they themselves achieve all the dash, and swagger, and glory of the lately so much idolized sons of Mars.

Whether or not this theory is a correct explanation for the undoubted increase in the practice of cigarette smoking among boys, finally makes little difference. It is the fact that is to be faced, a fact that calls for action to curb this habit in the health interest of the misguided boys.

For the curbing of the habit, it seems necessary that the facts relating thereto should be clearly stated, that reason be appealed to, and intelligent cooperation be secured so far as that is possible.

We do not share the fanatical prejudice which some have concerning the use of tobacco, according to which, every smoker is to be branded as wicked and immoral, and the use of tobacco is to be prohibited by law. Such narrow-minded bigotry and overstatement cannot bring desirable results.

What, then, is to be said as to the use of tobacco?

When all is said and done, the use of tobacco is decidedly an unnatural and unnecessary practice, the risks of which—and there are real risks—are all on the side of the user of tobacco with none for him who avoids to use it.

Tobacco contains certain poisonous substances, some of them highly poisonous.

Granting that the adult may use tobacco with perhaps little or no injury to himself—though there are many who unquestionably would be better off in health as well as purse if they quit their relation with Lady Nicotine—it becomes, nevertheless, a very different matter to permit immature boys to indulge in the practice.

Every high school boy knows that cigarette smoking and athletics do not go well together. The records of our colleges show that the best achievements in athletics as well as

in scholarship invariably were attained by the non-smoker. Parents of boys of high school age will do well to think this matter over before they will consent to have their boys take up smoking.

The high school boy of real character will put off experimenting with tobacco until he is fully matured. Then, if he cares, let him try the experiment to find out whether it is really worth while. Of course, it takes a great deal more of grit, and nerve, and manhood, to say "no" when the rest of the boys are smoking. It is so much easier to follow the leadership of some bully; and, unfortunately, there seem to be

rather many boys in our high schools who are apparently without any strength of will and courage of conviction, who, like sheep, blindly follow some cheap, would-be smart, leader of the cigarette smoking variety.

As for that young scamp in short pants out of the primary school who picks his "smoke" from among the cast-off butts of his elders, it is, of course, useless to appeal to reason where there is none. The only treatment suited to his case is the forcible laying-on of parental hands whenever the evidence is against him.

FIGHT THE FLY.

It has been estimated that one female fly can produce in one month 506,250,000 offspring. Do not let these millions come into existence. Keep the first flies in early spring from breeding. A female fly lays 200 to 300 eggs in bunches deposited in manure piles, rubbish, fermenting kitchen waste, filth, etc. These eggs hatch into wormlike larvae called maggots in 24 hours. These maggots reach maturity in from 3 to 6 days, when they migrate or leave the substance where they commence their growth burrowing into the soil, or even traveling a distance of several feet over the ground. The third stage of the development of the fly is the pupal stage, the body of the maggot contracting it until it resembles a grain of wheat. This stage continues about three days, when the adult fly emerges from the sack.

The entire development of the fly from the egg to the adult fly consumes only 8 to 10 days, so that man-

ure, filth or garbage which has been exposed for a longer period than one week, is almost sure to breed flies. The removal, destroying or proper protection of breeding material will largely prevent the breeding of these insects.

Have a covered garbage can in which to put all garbage. Destroy all rubbish and filth on your premises. Have a covered fly-tight receptacle for manure or spray it with a solution of paris green and water; 1 ounce of paris green to 7 gallons of water.

14,000 people die from typhoid fever and 7,000 infants under two years from diarrhoea and enteritis annually in the United States. Flies by conveying the germs of these diseases from filth to your food are partly responsible for these deaths. Swat the first flies and prevent their breeding by eliminating all breeding places from your premises.

How to Cure Chronic Constipation.

By JOHN P. KOEHLER, M. D.

By far the most common ailment met with in the human race is constipation. It is prevalent at all ages, beginning during infancy and continuing throughout life.

The causes of constipation are so numerous and so complicated that we will not attempt to explain them at this time, but will devote our efforts to the treatment. There are very few people who do not know how to treat constipation, but there are many who do not know how to cure it. Anyone can advise laxative drugs, teas, enemas or suppositories, which may give temporary relief, but never cure constipation. Laxative drugs will, in nearly all cases, never cure constipation, but in most instances make it worse. Nothing should be done to produce an artificial evacuation of the intestinal tract unless there are other reasons than constipation. The best cure for constipation, when not accompanied by any symptoms of disease, is to let it alone. No one can state positively how frequently any individual should have a bowel movement, and it therefore becomes advisable to let nature do the regulating. Many times nature may need a little assistance from us, not by the use of drugs and mechanical methods, but by right living.

Right living consists of good habits. No one can eat foods that are constipating and expect to be relieved of constipation. Fine, smooth and concentrated foods must be supplemented with coarse and bulky

foods. Cooked foods as a rule are more constipating than raw foods. A little bran in bread, breakfast cereals or plain bran is the best food laxative we know of. A glass of hot water before retiring and before breakfast, gives some results. People leading a sedentary life should walk enough to stimulate their circulatory system. The intestines need good red blood to keep up their tonicity.

Last but not least, it is necessary to establish regular habits. A child a few months old can be trained to have an evacuation at a definite time each day. The tendency of today is to have time for everything else excepting to heed nature's calls. Children must be taught to stop playing and adults to stop working, whenever there is the least premonition of a bowel movement. Piece and premium work in factories, we are certain, encourage workers to postpone bowel action. We must also get away from this inexcusable false modesty. Many people, when away from home, are ashamed to ask where the bathroom or toilet room is, because they do not want to admit publicly that they are human enough to require such necessities. No matter how refined or cultured we may become, we will never be able to dispense with toilet facilities, and that being the case, why not admit it whenever necessary?

There are other things that must be done in some cases to relieve constipation, but in most cases, food, exercise, and habits will do the work.

A SMALL-POX PARTY.

By E. V. BRUMBAUGH, M. D., Deputy Commissioner of Health.

Before the days of vaccination, smallpox was a disease which ravaged the entire civilized world, and prevailed as commonly as does measles today. Practically everyone suffered from smallpox some time in his life. So common was it that when in Boston in the year 1772 an epidemic of smallpox broke out and ravaged the city, out of 15,684 people residing in Boston at that time, only 174 of those susceptible to the disease escaped infection.

Vaccination had not, at that time, been discovered, but there was known a process of inoculation as a prevention against smallpox. Inoculation which consisted in the deliberate and intentional infection of a person with genuine smallpox was introduced into Europe by Lady Mary Wortley Montague, the wife of the ambassador from the Court of England to the Sultan of Turkey. Lady Montague, while residing in Turkey with her husband, had observed the practice of inoculation among the Turks, and this practice was commonly observed by them. As she describes it, this constituted what I have called "a small-pox party."

At a certain favorable season of the year, the mothers of those children whom it was desired to protect against smallpox would congregate at some convenient place, frequently the home of one of these women. After such social amenities as might have seemed desirable, the inoculation of the children was then carried out by someone, usually an old lady,

who was especially skilled in the procedure. The skin of the children was bared and without any antiseptic preparation (for the practice of antisepsis was unknown in those days) the skin was scratched with a needle, thorn, or it is said, sometimes with the finger nails of the operator, until the blood was drawn. After this the virus from an actual existing case of smallpox was rubbed into the bleeding wounds of the children, and the operation was then considered complete.

This procedure was as much a social procedure as it was a health activity. It constituted an opportunity for the mothers to get together for conversation, a cup of coffee and the exchange of news and gossip. In due course of time, the children thus inoculated would develop a genuine smallpox, usually of a mild type, but upon recovering would thereafter be protected from a smallpox infection.

Seems cruel, brutal and horrible, doesn't it? And yet these mothers loved their children dearly—just as truly and earnestly and as deeply as do the parents of today. They were doing for their children the best that the teaching of their day permitted. They were trying to save their children from the horrible disfigurements of smallpox contracted in the ordinary way. They were trying to save their children from the hideous death that often resulted from the smallpox of their day, and they were doing this through only the best and highest motives and actuated by the deepest affection of their children.

Today, so dangerous a procedure is no longer necessary. The control of smallpox in the light of modern knowledge is easy, certain and accurate. The discovery of vaccination has placed a new weapon in the hands of the health officer, and no one now need suffer from smallpox, nor need anyone be exposed to the danger of intentional inoculation after the method of the "smallpox party". Vaccination is a simple, slight and safe operation. When carefully performed it causes little inconvenience to the person vaccinated, leaves no disfiguring scar. Indeed, to the sanitarian, the tiny marks which are the results of the

vaccination, are rather beauty marks than disfigurements.

Smallpox is increasing not only in Milwaukee, not only in the State of Wisconsin, but throughout the entire United States today. Vaccination should be repeated at least once in five years, in order to assure protection against the smallpox. The Milwaukee Health Department offers free vaccination to all who apply for it. Saturday morning from 10:00 to 12:00 has been set aside as a vaccination period when skilled vaccinators are on duty at the Health Department offices, and this service will be gladly extended to those who apply.

OUTDOOR LIVING.

The air of the best ventilated house is not as good as outdoor air. Those who spend much of their lives in the open enjoy the best health and the greatest longevity. It is a great advantage to go into camp in summer and to live in the country as much as possible.

Climate, of itself, is a secondary consideration. Not every one can choose the best climate in the world, and, after all, the main advantages of fresh air can be enjoyed in almost any locality. Even in a city, outdoor air is, under ordinary circumstances, wonderfully invigorating.

The common prejudice against damp air greatly exaggerates its evils. While moderate dryness of air is advantageous, it seems nevertheless true that to live in damp, even foggy, air out-of-doors is, in general, more healthful than to live shut up indoors.

Observations have shown that the

pupils in outdoor and open-window schools are not only kept more healthy but learn more quickly than those in the ordinary schools. It is even claimed that tuberculous children in an outdoor school may make more rapid progress in their studies than the more normal children in a badly ventilated school. Parents should insist on fresh air for their children when at school. They should also insist on outdoor playgrounds.

For themselves, also, they should not neglect outings, picnics, and visits to parks. Whenever practicable, outdoor recreation should be chosen in preference to indoor occupations, such as working on a farm, rather than in a factory. It would help solve some of the greatest problems of civilization, if, in consequence of an increased liking for outdoor life, larger numbers of our population should join the "back-to-the-farm" movement. Leaving the country for

the city is often disastrous even for the purpose in view, namely to gain wealth. For wealth gained at the expense of health always proves in

the end a bitter joke. The victim proceeds through the rest of his life to spend wealth in pursuit of health.

FROM "HOW TO LIVE."

ICE STATIONS.

The portable ice stations established by the Health Department in various sections of the city last summer, have proved so successful an experiment that the department has determined to enlarge their number this summer. Arrangements have accordingly been made for the establishment of thirty-seven of these ice stations.

Through the courtesy of the School Board, it has been made possible to again use school grounds for the majority of these stations. This will place the stations where they can be readily found, and will distribute them in more or less logical centers of population. Ice will be sold from these stations as last year, on the "Cash and Carry" basis. The rates for ice will be 40c per hundred pounds, which is 20c less than when sold from the wagon. The stations will be largely manned by senior students from colleges and technical schools, which will insure intelligent and courteous treatment to the public.

Ice has become quite an important necessity in our life during the summer months to keep food from spoiling, and particularly to keep food for infants in a sweet and wholesome condition. We, therefore, urge mothers to avail themselves of the opportunity offered through these ice stations to secure ice at a reasonable cost for the home.

We bring herewith, also, a descrip-

tion of a home made ice box, which any home can afford to construct for itself:

Get a wooden box at a grocery store, such as a soap box, 15 inches in depth. Buy a covered earthenware crock, tall enough to hold a quart bottle of milk. Also get a piece of oilcloth or linoleum about a foot wide and 3 feet long. Sew the ends together to make a cylinder which will fit loosely around the crock. Place the crock inside the oilcloth cylinder, and stand them in the center of the box. Now pack sawdust or excelsior beneath and all about them to keep the heat from getting in. Complete the refrigerator by nailing a Sunday newspaper or two other newspapers to the wooden cover of the box. It is now ready for use.

In the morning as soon as you receive the milk place it in the crock; crack 5 cents' worth of ice and place it about the milk bottle. Place the cover on the crock and the lid on the wooden box. No matter how hot the day has been, you will find some unmelted ice in the crock the next morning. Remove the crock every morning to pour off the melted ice.

The proper icing and cooling of milk will be of material assistance in keeping babies from becoming sick, and will to that extent be a factor in lowering the infant mortality in this city.

LOOSING WEIGHT.

By E. V. BRUMBAUGH, M. D., Deputy Commissioner.

In the group of 1,139 children in the Health Department's nutritional clinics, 169 not only failed to gain, but show actual losses in weight. The reasons for such losses in weight are several. Perhaps the most important single reason is the condition of the teeth. The teeth constitute the apparatus by which the food is prepared for digestion.—Food which is improperly prepared cannot be handled by the digestive organs to the best advantage. Teeth which are decayed, painful or surrounded by pus cannot function properly in preparing food for digestion.

When a farmer is expecting to buy a horse, he gives particular attention to the condition of the teeth of the animal, and will refuse to buy the horse that cannot properly chew its food. He recognizes in that case the importance of a proper equipment of the mouth with well functioning teeth. Yet an enormous proportion of the parents of children in our public schools never think of giving to the mouths of their children even a portion of the attention that every farmer devotes to the care of his live stock.

Neglected teeth often develop abscesses. The pus in these abscesses is absorbed by the body and one of the results of this constant absorption of pus is a general reduction of the body's vitality which may be manifested in the form of underweight. It is hopeless to try to restore children to their normal health as long as there continually remains in the body a focus that is ever at

work in opposition to the best efforts to build up bodily strength. The underlying condition must first be corrected.

The undernourished child needs rest. It needs more rest than does the child of normal nutrition—long hours of sleep with an abundance of fresh air. Such a child should be relieved of unusual or exhausting home and school duties. It should be in bed certainly at nine o'clock, and it should not have obligations which demand unusually early rising, particularly such duties as the carrying of papers in the morning, but should be allowed to sleep nine, ten, or even eleven hours.

The undernourished child ought not to be required to take on additional home work or home instruction that will throw an increased demand upon its nervous energy, such as the taking of music lessons, dancing lessons, language lessons or heavy home study, frequent attendance upon moving pictures, and especially of the exciting type. All increase the drain of nervous energy and prevent quiet which is indispensable for a restoration to normal condition.

The habit of eating between meals, and particularly the eating of ice cream cones, sundaes and sodas, chocolate bars, peanuts, cracker-jack, and candies likewise destroys the appetite of the child for the substantial and tissue building foods which are indispensable for his growth and development.

EIGHT HOUR DAY.

The eight hour day is not only more efficient than the 10 hour day in industrial plants, but is more economical.

This is the conclusion reached by experts of the United States Public Health Service after a careful detailed study of conditions and production in standard factories of both classes, which has been under way since 1917.

The plants surveyed were selected after a great deal of care. Each is a modern factory, employing such a large number of workers as to make any conclusions reached apply to industry in general. The other consideration was that the machinery, manufactured product and processes in the 10 hour plant should be sufficiently similar to the eight hour plant to make a fair comparison.

The advantages are all in favor of eight hour days, or shifts, as compared with the 10 hour day, and relate to maintenance of output, to lost time and to industrial accidents.

Here are the main conclusions summarized:

Maintenance of Output: The outstanding feature of the eight hour day is steady maintenance of output. The outstanding feature of the 10 hour system is the decline of output.

Lost Time: Under the eight hour system work with almost full power begins and ends approximately on schedule, and lost time is reduced to a minimum. Under the 10 hour system work ceases regularly before the end of the spell and lost time is frequent.

Stereotyped Output: Under the 10 hour system the laborers seem to artificially restrict their efforts and to keep pace with the less efficient workers. Under the eight hour day the output varies more nearly according to the individual capacity of the laborer. That is, each is more likely to do his utmost, rather than an "average day's work," regulated by a low standard.

Industrial Accidents: This phase of the study is of particular interest. Ordinarily accidents may be expected to vary directly with speed of production, owing to increased exposure to risk. But when fatigue is taken into consideration there is a marked modification of this rule. When there is a reduction of output due to fatigue there is a rise in the number of accidents; that is, in the last hours of the 10 or 12 hour day, in spite of employees slowing up in work, more accidents occur. If for any reason production is speeded up in the last hours, when the laborers are fatigued, the rise in the number of accidents rises so rapidly as to leave no room to doubt that the higher accident risk accompanies the decline in working capacity of the employee.

These conclusions are based on so careful a study by officers of the U. S. Public Health Service and on so large a number of employees that they may undoubtedly be applied by industrial engineers generally.

The full report is contained in Public Health Bulletin No. 106, which is the first of a series to be

published by the U. S. Public Health Service on the problems of industrial working capacity. In the two hundred pages making up the present report is presented a wealth of information which no industrial en-

gineer can afford to neglect. Certainly if American industry is to maintain its present leadership it will only be as the result of the application of sound physiological principles.

PATENT MEDICINES

"Hope springs eternal in the human breast," or words to that effect, runs a poetic effusion, which, done into more understandable, if less eloquent, prose by the late J. T. Barnum, means that there is a fool born every minute.

Profitable business can be done by trading on this peculiar tendency in human nature. More than eighty million dollars are spent annually by the credulous in the purchase of "sure-cure" patent medicines for real or fancied ills.

While we cannot be the guardian of people who wish to spend their money in the purchase of patent medicines, yet we are concerned in the preservation of the health of the people and, therefore, feel that we are rendering a useful service in reiterating the fundamental objections which stand against the patent medicine game and the correlated practice of selftreatment.

The great wrong of the patent medicine game is not so much in that the public is induced to spend good money for more or less worthless nostrums, but in that it is tricked into a loss of time for which there is no replacement.

There is many a dollar foolishly spent, and the spending of dollars for some quack medicine is in and of itself not much different from the

many games of buncombe that are worked upon a credulous public every day in the year.

There is, however a difference in the ordinary confidence game and the patent medicine fraud.

A man in good health with a few dollars to spare in his pocket can afford to get bumped—in fact, it may prove a very good, if expensive lesson.

However, where a person sick and with lessened earning capacity is concerned, the case lies different. Not only is such a person in a position where he can less well afford the loss in dollars and cents, but above all he cannot afford the loss in time into which the patent medicine vendor beguiles him.

A sick man is not in position to exercise his best judgment. Such a person is like a drowning man, ready to grasp at anything.

The cure of sickness is often a matter in which time is the determining factor. Today a cure may be possible; a month, a week from today—tomorrow in fact—may be too late.

To trick a sick man out of his chance of recovery by inducing him to waste his time with useless preparations, is a wrong for which no punishment can be too severe.

BANISH THE PARASITE.

The Cockroach.

Always keep food and food remnants inaccessible to the roach. All unnecessary corners, cracks, and imperfections in the structure of the building which favor breeding or furnish hiding places must be eliminated or treated with roach poison.

Sodium fluoride powder should be liberally sprinkled or blown with a powder blower into corners, drawers, closets, shelves, and other places of concealment, and distributed in such a way that it will not be swept up nor removed. It should be allowed to remain and act for weeks at a time. Sprinkle it along the back parts of shelves and out of the way places in recesses of drawers, cases, etc. It is not injurious to books or other materials.

Phosphorus in the form of a paste, is purchasable as a proprietary preparation. Pure borax is also used, either alone or in a mixture consisting of one part of powdered borax and three parts of finely pulverized chocolate or sugar, freely sprinkled around infested places. Fumigation by hydrocyanic acid gas or by sulphur dioxide will destroy roaches, but will not destroy the eggs, which subsequently hatch, making a second fumigation necessary.

Insect powder, 1 pound; powdered borax, 3 pounds; mix thoroughly and run through a No. 60 sieve two or three times. If used freely a few applications will do the work.

A trap for cockroaches is very simple and doesn't cost a cent. Take a pan or wide-necked glass jar and put some sugar or syrup in the bottom, then rub some grease up the sides so that the roaches cannot get out once they are in. Find where the roaches are entering the build-

ing, place the jar near there, and soon you will have them, all ages and sizes. Then they must be drowned in boiling water.

Ants.

Keep the kitchen free from food remnants and keep food supplies in ant-proof containers or ice boxes. Cake, bread, sugar, meat, and similar substances are especially attractive for ants.

Where it can safely be used, a syrup poisoned with arsenate of soda is effective. Dissolve one pound of sugar in a quart of water, and add 125 grains of arsenate of soda. This mixture should be boiled and strained and upon cooling may be used to moisten sponges which are to be placed where they can easily be reached by ants. Thus whole colonies may be poisoned. Remember the arsenate of soda is poisonous to human beings and animals, as well as to ants, and that its use must be safeguarded by the greatest precautions.

When the ants can be traced to their nests and these are in accessible places, they can be destroyed by injecting with an oil can or small syringe a little bisulphide of carbon, kerosene or gasoline into the nests. All these substances are inflammable, however, and precautions should be taken against the danger of fire.

Extreme caution should be observed in the use of poisons or poisonous compounds for these purposes. Packages containing poisons should always bear a warning label and should not be kept where children might reach them. The use of gasoline and other inflammable substances is likewise dangerous and the utmost care should be exercised.

—Exchange.



FIRST AID TO THE INJURED



Poison Ivy.

Contact of the skin with poison ivy causes in many people a very annoying inflammation of the skin. The vine is of the climbing variety, with three pointed leaves on each stem. A few hours or about a day after the skin is exposed to the poison of this plant a red rash appears, with more or less swelling and itching; small blisters appear, filled with serum, even becoming quite large. When they burst there is considerable weeping from the surface. Later it may go on to a formation of pus. The hands and face, being the most exposed parts of the body, and the feet and ankles of those who go barefooted, are usually first affected. If the inflammation is very severe, there may be some incidental disturbance, such as fever, headache, and general feeling of malaise.

One of the best treatments for this disease is bathing with salt water, sea water being the best. Boric acid, 1 teaspoonful in a glass of hot water, is a good application. The large blisters should be punctured and the contents allowed to run out. Every one or two days, the affected parts should be bathed with warm water, carefully dried without rubbing, and the boric acid treatment resumed.

Articles Accidentally Swallowed.

Articles, such as buttons, coins, etc., that have been swallowed, that is, that have passed into the stomach, will almost certainly cause no trouble since they are small enough to pass on and out with the food waste, through the bowels. In the

case of something, such as a pin, that has a sharp point, it is particularly important not to give purgatives since any violent contraction of the intestines, such as is caused by a purgative, is apt to drive the point into the wall of the intestine. To guard against such injury, it is wise to give dry food that leaves considerable waste, such as potatoes, corns, cereals, bread, etc.

In the case of a young child, particularly, one must always consider the possibility that the supposed swallowing has not taken place.

If, for any reason, it is desirable to determine whether the article swallowed is within the child, an X-ray photograph should be taken to include the entire alimentary canal, from the mouth to the anus.

Bodies Lodged in the Throat.

If a foreign body such as a pin, bone, or other article, has possibly lodged in the throat, one should carefully explore the latter with the forefinger, if necessary holding the mouth open with a finger of the other hand around which a towel or a handkerchief has been wound, or by pressing cheeks between the teeth.

If the article has passed into the wind-pipe, it will cause violent cough which may expel it, and this may be aided by holding the child upside down and slapping him between the shoulders. Unless the article is expelled at once, a physician must be immediately called, since a foreign body in the wind-pipe is often sucked down in the lungs and may cause abscess formation or fatal lung inflammation.—Exchange.

MILWAUKEE HEALTH DEPARTMENT

SERVICE DIRECTORY.

Sixth floor City Hall:
Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.
Venereal Disease Bureau.

Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.
Eighth Floor:
Tuberculosis Division.
Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE CALLS.

The City Hall telephone number is Broadway 3715.

When you have the City Hall, do not ask, merely, for the "Health Department"—get the proper person or division. If uncertain with whom you want to talk, tell the operator, briefly, what it is about; she will direct your call.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Friday mornings, and every afternoon from 1:30 to 4:00 o'clock for adults with the exception of Saturday.

Saturday mornings, from 9:00 to 12:00 o'clock for children.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4th St. and Reservoir Ave.

Wednesday mornings, from 10:00 to 12:00 o'clock.

NORTH SIDE STATION, 2920 North Avenue.

Thursday mornings, from 10:00 to 12:00 o'clock.

SOUTH SIDE STATION, 670—6th Ave.

Thursday evenings, from 7:00 to 9:00 o'clock for adults.

Saturday mornings, from 9:00 to 12:00 o'clock for children.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday 9:30 to 10:30 A. M.

Walker St. School, cor. Greenbush St.—Monday, 3:00 to 4:00 P. M.

Hanover St. School, near Mitchell St.—Friday, 2:00 to 3:00 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 3:00 to 4:00 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2:00 to 3:00 P. M.

St. Casimirs School, Clarke & Weil Sts.—Thursday, 2:00 to 3:00 P. M.

St. Hedwigs School, Brady & Franklin—Friday, 3:00 to 4:00 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2:00 to 3:00 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and 9th—Wednesday, 2:00 to 3:00 P. M.

North Ave. Station, 2920 North Ave.—Wednesday, 2:00 to 3:00 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 3590.

Visiting Hours, 2:30 to 4 P. M.

BLUE MOUND SANATORIUM.

Telephone, Wauwatosa 64.

Visiting Hours, 3 to 5 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

HEALTH BRIEFS.

Dr. John P. Koehler, former deputy commissioner, has left the department to take the position of Chief of the new County Dispensary. Dr. E. V. Brumbaugh has been appointed in his place.

More than 1,200 children in the nutritional clinics were guests of the Health Department at a performance of Cho-Cho, the health clown, at the Alhambra Theatre, Saturday, June 5th.

Thirty-seven portable ice stations have been opened under the supervision of the Health Department in various parts of the city. Ice is sold from these stations on a "Cash and Carry" basis at reduced rates.

The Sanitary and Food Inspection Bureaus of the Health Department are engaged in an intensified campaign for "clean food in clean places." Seventeen warrants were sworn out by the Food Inspection Bureau and ten by the Bureau of Sanitary Inspection, against offending restaurant keepers.

Garbage collection is a service under the jurisdiction of the Department of Public Works. All complaints concerning failure to collect garbage should be made by calling up the Complaint Clerk of the Department of Public Works, Broadway 3715.

Ask Us About It

Child Welfare

Maternity Care

Tuberculosis

Sex and Contagious Diseases

Patent Medicines

Food Hygiene

Nuisances

Sanitation

Milwaukee Health Department

CITY HALL

Broadway 3715

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UNIVERSITY OF ILLINOI

Bulletin

of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

Vol. 11

APRIL 1921

No. 4

CLEAN UP--PAINT UP!

By GEORGE C. RUHLAND, M. D., HEALTH COMMISSIONER.

The week of May 9th to 14th has been chosen for this year's clean-up campaign.

The time has been selected in conformity with the general housewifely practice of spring housecleaning and the moving season, both of which usually mean the getting rid of a lot of rubbish from garret and cellar, and the turning out of the winter's accumulation of ashes and other things that are no longer wanted.

In order that these waste matters may be disposed of as quickly and as effectively as possible, a special schedule for collection has been worked out by the Bureau of Street Sanitation. For each day of the clean-up week a certain number of wards will be worked through intensively by the city departments according to a pro-

gram which is published on the last page of this bulletin.

A city, like the individual home, is largely judged from its appearance. In both instances the outward appearance gives a pretty fair characterization of the dwellers within.

Streets, filthy and in disrepair, like the house that is dilapidated, and the neglected garden, bespeak indifference, slovenliness and poor citizenship.

A clean city of clean homes means clean people; and clean people means a more healthy people; and a more healthy people means better working ability; and greater working ability means greater prosperity and happiness and better citizenship.

Do your share in making Milwaukee a more attractive, cleaner, prosperous and healthful city.

Cleanliness Promotes Health!

CLINICS AND PHYSICIANS.

Public clinics are a help to physicians instead of a disadvantage, Dr. C. S. Clair Drake, Health Commissioner of Illinois, says, in a recent issue of *The Wisconsin Medical Journal*:

"There is no question but that public dispensaries have at times been abused, but it is none the less true that wherever public clinics have been operated and associated with broad educational campaigns, enormous public good has been done, and the members of the medical profession have directly profited. Where-

ever there is a good tuberculosis dispensary, private physicians find more requests for physical examinations; wherever infant welfare stations are operated, doctors are more in demand for the care of children of the well-to-do; wherever there is a good venereal disease clinic, patent medicines, quackery, and counter-prescribing are discouraged, and intelligent treatment is more generally sought from the medical profession. Opposition to such public health clinics almost invariably disappears when the clinics are once fairly established."

National Social Hygiene Association Against False Clean-Up Methods.

The method by which some cities "clean up" that is, by conducting a "vice crusade" and driving their vagrants, immoral men and women, gamblers and thieves out of town, which means that they begin operating immediately in some other town, is pronounced by the American Social Hygiene Association as cowardly and unworthy of any progressive community. A town or city which employs such a method, says a bulletin recently issued by the Association, does nothing more, as far as the principle is concerned, than sweep the trash and filth from its own door into that of its neighbor. Continuing, the bulletin says:

"Aside from the principle involved, the plan is ineffective; it only makes

bad matters worse. The ultimate result is an increase of disease and crime. Every diseased person driven out of one town becomes a foci of infection in another. Every law-breaker and gangster on going to a new community draws about himself a new gang. Vagrants, prostitutes, gamblers and thieves are human beings and live not to themselves alone. If this were not so, if when they are routed from their dens and driven from their accustomed surroundings, they ceased to exist, like so many vermin, the method in question would not be censored. But such is not the case, and since they are human beings and must live, they must be dealt with intelligently."

The bulletin points out that while

every city's clean-up problem is one that it must handle for itself, there are certain measures, the principles of which it must recognize and adopt, if the results are to be effective and lasting. The first of these mentioned are adequate law enforcement measures which will afford the legal weapons needed to reach all classes of offenders. The second is protective social measures which will provide facilities for the proper treat-

ment and control of those arrested and dealt with in the courts; the third is medical facilities for detecting and treating both physical and mental defectives, and the last, but, by no means the least, is education and publicity that will create a strong public sentiment in support of these measures, and that will even demand efforts on the part of the city officials to clean up the community and keep it clean.

Boys in Industry to Get Square Deal.

The five million boys under 21 years of age employed in industry in this country are to have a square deal in the future, as far as it is in the hands of the United States Public Health Service, in receiving proper education and instruction for keeping themselves physically fit and for growing to manhood with a sound mind and a sound body. This is the announcement of the Public Health Service after seeing the good results obtained from the "Keeping Fit" program among high school boys, and after realizing that adolescent school boys are only a small proportion of the boys in the country needing this information.

The Public Health Service feels that the 5,000,000 boys who have been at work from one to three hours every morning when the 600,000 high school boys settle down to their studies at 9 o'clock, are an important cog in the wheel of the nation's eco-

nomic and industrial life and should not be neglected with the lessons that will teach them the laws of health and efficiency. Consequently a "Keeping Fit" exhibit for boys and young men in industry has been prepared and efforts will be made to reach as large a number as possible with this material this year.

The exhibit consists of 24 attractively illustrated cards measuring 28x22 inches each. Its appeal for physical fitness and man power as the best means of meeting the duties of life as well as enjoying its pleasures is based on abundant, positive health,—physical, mental and normal. This exhibit, also sets of lantern slides, may be borrowed by persons who will effectively use them, from state boards of health, or they may be secured through the American Social Hygiene Association, New York City.

Filth Breeds Disease!

The Diet of a Tubercular Patient.

By GEO. R. ERNST, M. D.

The main object of the dietetic treatment is to supply the body with the proper kind and amount of food which can be assimilated and thus become a source of energy and new tissue cells. It is not necessary to increase largely the weight of a patient, for weight is not an index of health; but a gain in weight is proof that the food given the stomach is properly broken up into chemical forms of simpler construction so that these in turn can be taken up by the body cells which as yet are not too poisoned by the toxins of the tubercle bacillus to lose this property. It is hence correct to regard a gain in weight as a good sign.

As a general rule it may be stated that a patient ought to eat a sufficient amount of food to allow him to gain about one pound a week until his weight has reached a maximum of five or ten pounds over his usual weight. This weight ought then to be held with the least amount of food necessary. Over-feeding and forced feeding usually prove harmful, and overloading the stomach most frequently upsets the entire digestive tract for a longer or shorter period of time. In itself it does not seem reasonable to keep the patient as quiet as possible and then by heavy or too frequent meals overwork the heart and digestive tract.

It is necessary that the diet be adapted more to the patient and less to the disease. Hence those to whom this task of feeding is given should

carefully take into account a patient's habits of life, the food to which he is accustomed and his personal likes and dislikes. It is certainly entirely incorrect to choose a number of highly nourishing foods, prepared perhaps most scientifically and then force a patient to eat them. We are able to digest best the food we like. In other words, a patient is not a retort and digestion not a chemical experiment.

Amongst patients with a slight fever it is an important factor to stimulate their lagging appetite. To this end food must be served in an appetizing and tempting manner. It will be valuable to vary the food rapidly and nothing is so aggravating as to be able to tell days ahead what kind of food will appear at certain meals. Generally speaking, it will be preferable to give small quantities of several dishes to large quantities of one or two. Regularity of meals is of importance, since one can be trained to have an appetite at certain hours, which may vanish as the hour passes. The principal meal ought to be taken during the febrile period, that is either at noon, or, in more advanced cases, during the morning. Most frequently three meals a day are most satisfactory. Whether a lunch or an egg-nog can be given between meals is an individual factor. Many patients prefer the omission of such a lunch, which but spoils their appetite for the next larger meal.

(To be continued.)

Bureau of Home Nursing: A Secondary Nursing Service.

Although the Milwaukee Bureau of Home Nursing has passed successfully through its fourth year of secondary nursing service, the scope of its work is still almost unknown to the bulk of Milwaukee citizens. The aim of the Bureau is to "lower the high cost of sickness", and it attempts to do this in four ways:

1. By giving free of charge a six months' course in nursing and care of the home.

2. By providing these six months' graduates, called cadette nurses, at a charge of from \$10.00 to \$20.00 a week, for cases of sickness which do not need a graduate nurse and for families who cannot afford one.

3. By extending charitable assistance when families cannot afford a nurse.

4. By providing a service where house work is done in conjunction with nursing when the house work is necessary for the welfare of the patient.

Through the courtesy of the Committee on Safety and Sanitation of the Milwaukee Assn. of Commerce, the inspectors of the Sanitary Division of the Health Department have been enabled to participate in a course of lectures on "Shop Sanitation and Hygiene," which undoubtedly will prove of value in making the

A new course began April 1st, with eleven applicants, although many more are needed in consideration of the fact that out of the 88 calls received in February, but 44 could be filled.

The responsibility for the course lies with the Milwaukee Society for the Care of the Sick and receives the financial support of the Centralized Budget of Philanthropies. This service is by all means not intended to conflict in any way with the work of the graduate nurses, visiting nurses, or industrial nurses, but to release these for their more specialized and highly skilled attendance.

The Bureau of Home Nursing maintains its school and headquarters at 808 Jackson Street, Telephone Lakeside 1418, and has recently been placed under the direction of Miss Anne Weiss, R. N., formerly of the Milwaukee Visiting Nurse Association.

sanitary police more competent in dealing with the health hazard in industry.

A course in "Public Health Nursing" also is in progress for the nurses of the Health Department. This course is attended also by a considerable number of welfare nurses in private industry.

Try Optimism for a Spring Tonic!

Water Supply for Wisconsin Cities.

Wisconsin has 46 cities using surface waters, such as lakes and rivers, as sources of their public water supply. Ten of these supplies are filtered and chlorinated, 12 are chlorinated only, while 24 are untreated. The latter class constitute the greatest danger of transmitting disease. This is disclosed in the report of C. M. Baker, state sanitary engineer, reviewing activities of 1920 in a report to the state department of engineering.

Ground water supplies are used in 224 cities and villages, and consist of 100 shallow wells, springs and infiltration galleries, and 124 artesian or deep wells. There are 270 public

water supplies in the state.

Of 163 public sewerage system, only 62 provide sewage treatment to render the wastes harmless, and 101 discharge raw sewage into lakes and streams. There are a total of 4,410 plants discharging industrial wastes, which contribute to general stream pollution. These wastes come from 139 canneries, 40 coal tar and gas plants, 3,934 milk products plants, 52 packing or rendering plants and tanneries, 63 paper and pulp mills, and 193 miscellaneous works.

This makes a total of 4,834 sources of wastes and sewage that are a factor in water supply and steam pollution.

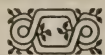
Garbage Cans and Ash Barrels.

What sort of garbage cans and ash barrels to you use? Does that foul-smelling, sloppy, uncovered can or box belong to you? Is that broken wooden barrel with ashes sifting out to be blown all over the sidewalk and paper spilling out to clutter the street, yours? We hope not,—but if so, get a new metal garbage can; a covered one, and keep it clean, or a good metal ash barrel, also a covered one, and don't cram it jamb-full of papers and other litter. Suppose you were the garbage man or ash collector. In such event, what sort of a

person would you judge yourself to be? Have consideration for those who serve you. A garbage can or ash barrel is a fair index to character.

Some of our business houses and industrial plants are particularly lax in providing themselves with proper receptacles for ashes and waste paper. The Bulletin hopes that they will not have to be singled out and reminded that their carelessness in this regard amounts to a public nuisance.

Clean Up; Keep It Up!



FIRST AID TO THE INJURED



Strong Acids, such as *Muriatic Acid*, *Nitric Acid* or *Sulphuric Acid*.

—These acids are frequently used in shops and factories for various commercial purposes and they may be accidentally swallowed. The mouth is burned by the acid, leaving brown or black stains. Similar marks are made if any of the substance is spilled on the clothing. The patient may go into collapse at once or in milder cases there is intense pain in the stomach, followed by vomiting and purging.

Give no emetic. Give as an antidote large drinks of water with chalk, magnesia, or baking soda. Plaster from the wall may be given in an emergency. Olive oil, raw whites of eggs, and thin starch are useful. After-treatment consists of

rest in bed, appropriate stimulants, and external heat.

Tincture of Iodine. — Tincture of Iodine is a common household remedy, but is poisonous internally and may be accidentally swallowed. The symptoms consist of pain in the throat and stomach, vomiting and purging, the face is pale and the pulse weak and rapid.

The patient should be given boiled starch or flour paste or mashed potatoes as an antidote. Empty the stomach by emetics. Administer stimulants, such as hot coffee or one-half a teaspoonful of aromatic spirits of ammonia every hour. Apply external heat by hot-water bottles. Afterwards give soothing and mucilaginous drinks, as flaxseed tea, barley water or tapioca gruel.

Sex Education and Venereal Disease.

Does sex education begin too late to be of real service in safeguarding young people against venereal disease is the question raised in a recent report issued by the U. S. Public Health Service. The authors of the article, Dr. C. C. Pierce, assistant surgeon general, and Edgar Sydenstricker, statistician, are careful to explain that the statistics available as to the ages at which the disease is most often contracted are as yet too scanty to do more than suggest the question and cannot answer it.

These statistics, so far as they go, however, suggest that children, especially those of the class which is

ordinarily considered most likely to be infected, leave school long before the age at which sex education in regard to the twin diseases is commonly given. The earliest incidence as shown by these records appears in men at the age of 15 and shoots swiftly upward at 16, reaching maximum at 19 and 23. After 23 it drops as rapidly as it rose. Attention is called to the apparent significance of the fact that the ages between 16 to 23 are those between the most usual ending of school and the beginning of married life. For the women the incidence of the diseases ranges about two years earlier than in men.

Clean Up-Paint Up Week

MAY 9-14

DO YOUR SHARE TO KEEP MILWAUKEE CLEAN

Work Systematically.

Follow This Outline.

Set your neighbors a good example.

Remove all rubbish from attic, cellar, closet, back yard, and areaway. Have it sorted as explained below.

Remove and clean all carpets and hangings for the summer.

Scrub floors, hallways and all unvarnished woodwork thoroughly.

Use plenty of soap and hot water. Clean all windows and keep them open to fresh air and sunlight.

Ventilate damp cellars. Screen windows and doors.

Paint or whitewash your buildings, bed-rooms, cellars, fences, etc.

Paint and whitewash kill germs.

Put walks in first-class condition. Plant trees, shrubs, and flowers in suitable places. Keep your lawn in good condition.

Exterminate dandelions; salt cracks in sidewalks.

Donate all salable junk to the Salvation Army; place broken glass, crockery, tin cans and other rubbish in boxes for collection along street curbs. Collections will be made by the Department of Public Works according to the following schedule:

Monday, May 9th.....Wards 1, 2, 3, 4

Tuesday, May 10th.....Wards 5, 12, 17

Wednesday, May 11th....Wards 8, 11, 14, 23, 24

Thursday, May 12th.....Wards 9, 10, 15, 16, 19

Friday, May 13.....Wards 7, 20, 22, 25

Saturday, May 14th.....Wards 6, 13, 18, 21

Milwaukee Health Department

CITY HALL

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Bulletin

of the Milwaukee

MAR 16 1948 1937

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

Vol. 11

NOVEMBER—DECEMBER 1921

No. 11-12

THE BUDGET FOR 1922

BY GEORGE C. RUHLAND, M, D.. COMMISSIONER OF HEALTH.

The budget for 1922, i. e. the amount of money that will be allotted to the various city departments to conduct their work during the coming year, has finally been adopted. For most of the city departments there will be less money to do work with than in the year preceeding.

It now becomes the problem of the various departments to get more work out of their employes, if possible. There can be no question that such a consideration is perfectly proper, and every conscientious city official responsible for the operation of one of the city departments will naturally try his best to get for the money which the city pays for service, the best returns.

There is, however, a limit to what can be done under a reduced budget. The departments will do well to maintain the service on last year's basis. In many instances even this will not be possible. It certainly will not be possible in any which way to enlarge any of the city service. In view of the fact that the city is growing, and with it the needs of the city a curtailment in the budget

means, of course, that the work of looking after the needs of the city must suffer.

It is only natural that every department chief should feel that the cut which he had to accept has been most unfair. In the same way, the Health Department feels that the cut which it had to accept was "the unkindest cut of all". One cannot help but make comparisons with those who have been more fortunate.

Not all city service has been obliged to accept curtailment in its money appropriations. The activities that are conducted under special boards, such as the School Board, Park Board, and such other activities as are carried on under the control of special commissions, as the Sewerage Commission, have fortunately escaped the forced retrenchment which other city service had to suffer.

This naturally leads to the question whether the activities for which at the present time the law prescribes a definite mill tax appropriation, are more important than those that are left to be dependent

upon such funds as the annual tax levy will make available.

It raises specifically the question—Is the education of the child, for which the city now spends approximately \$8.00 per capita, more important than the conservation of the life of the citizens, for which the city does not pay more than approximately 88 cents per capita? Is the health of the child in school adequately protected if the appropriation for school hygiene in the Health Department is only 26 cents per capita? If, as all will agree, education is desirable because it is likely to make a better citizen of the child, is it not a short-sighted policy if the health of this child is not properly protected, so that the community, which has made an investment in the education of the child, will be assured that it can realize on this investment by having this child grow up healthy and strong, so that it can make use of its education, and through its effort in turn contribute to the common wealth?

It also is a pertinent question to ask whether the parks are more important than the health of the community. It may be granted that parks contribute to the health of a

community. However, inasmuch as the parks are largely for the enjoyment of the well, would it not be logical and reasonable to make a more liberal allowance for the agencies which have to do immediately with the conservation of the health of the public? And thus the question might be raised as to the importance of each and every one of the activities which operate under a preferred budget.

All this raises the question—Should not the Health Department activities be at least as well safeguarded as the educational system, the parks, and the activities which are carried on under the supervision of special commissions? We are strongly of the opinion, and are frank to admit, that in our judgment the health interest should be better protected against economic fluctuation, which may seriously reduce the work of the health agencies, and that at times when the activities of these agencies are most needed.

"The public health is the foundation on which reposes the happiness of the people and the power of the country. The care of the public health is the first duty of a statesman."

A THOUGHT FOR THE YEAR

John Galsworthy entreats us not to "drag the hands of the world's clock backward" by our neglect of the health of mothers and babies. He says:

"How do things stand? Each year in this country about 100,000 babies die before they have come into the world; and out of the 800,000 born, about 90,000 die. Many mothers become permanently damaged in health by evil birth conditions.

Many children grow up mentally or physically defective. One in four of the children in our elementary schools are not in a condition to benefit properly by their schooling. What sublime waste! Ten in a hundred of them suffer from malnutrition; thirty in a hundred have defective eyes; eighty in the hundred need dental treatment; twenty odd in the hundred have enlarged tonsils or adenoids. Many, perhaps most, of

these deaths and defects are due to the avoidable ignorance, ill-health, mitigable poverty, and other handicaps which dog poor mothers before and after a baby's birth. One doesn't know which to pity most—the mother or the babies. Fortunately to help the one is to help the other.

"There are many districts all over the country where there are no centers to come to; no help and instructions to be got, however desperately wanted. Verily this land of ours still goes like Rachel, mourning for her children. Disease, hunger, deformity, and death still hound our babies, and most of the hounding is avoidable. We must and shall revolt against the evil lot, which prevent-

able ignorance, ill health, and poverty bring on hundreds of thousands of children.

"It is time we had more pride. What right have we to the word 'civilized' till we give mothers and children a proper chance? This is but the Alpha of decency, the first step of progress.

"Into the twilight of the world are launched each year these myriads of tiny ships. Under a sky of cloud and stars they grope out to the great waters and the great winds—little sloops of life, on whose voyaging the future hangs, they go forth blind, feeling their way. Mothers, and you who will be mothers, and you who have missed motherhood, give them their chance." Exchange

RIGHTS OF OTHERS

The Philadelphia Forum has hit upon something distinctly novel to prevent the spread of colds. The board of Governors of the Forum has had printed on the back of each membership ticket the following:

A suggestion in the interest of others:

Out of consideration to the health and enjoyment of others, it is courteously suggested that, during the continuance of a cold or cough, the owner of this ticket may deem it wise to refrain from attendance at all events of the Philadelphia Forum.

There is no method by which such a suggestion could be enforced, nor does the Philadelphia Forum attempt to enforce it. It merely offers the suggestion in a gentle way, and the Public Ledger says this plan of preventing the spread of colds is meeting with a chorus of praise and ap-

proval from several thousand purchasers of tickets.

While the plan may never be tried generally in the larger cities, the fact remains that some person with a cold or cough sometimes mars a whole evening for all attendants at public gatherings. And there is always the danger of transmitting the cold to others.

It is disappointing to be forced to miss an evening's entertainment because of a cold, but there is a touch of moral obligation to be considered. No one has the right to endanger the health of others, nor has anyone the right to spoil the enjoyment of others. An increasing number of people are inclined to extend this consideration to the general public, particularly during an epidemic of colds.

Milwaukee Sentinel.

SMALL POX AND VACCINATION

By Dr. Geo. C. Ruhland, M. D., Commissioner of Health.

According to a report that has reached us from the Health Commissioner of Kansas City, Kansas, that city is experiencing an extremely severe outbreak of small pox.

Since September 1st and up to December 1st, 296 cases of small pox were reported to the local Health Department with 106 deaths from this disease. This means roughly that one case out of every three died. This means that small pox has returned, as has long been prophesied by health officers, in a most severe and malignant form.

For a long time small pox has been a disease that ran a mild course. As a consequence, vaccinations against small pox have been largely neglected despite of the constant warning of health officers. Campaigns against vaccination have in addition thereto served to keep the public from seeking this method as a protection against small pox. It is not a year since the last session of the State Legislature, where desperate efforts were made by anti-vaccinationists to abolish vaccination in Wisconsin. The members of the Legislature were warned that any repeal of the vaccination law of Wisconsin would certainly be ill-timed, since with a large number of the unvaccinated, and an increasing prevalence of small pox, the most serious consequences could be foreseen to the people of this state.

Fortunately for the good of the people of this state, the Legislature did not repeal the vaccination law, which, incidently, does not require vaccination by compulsion. The provisions of the law are to the effect that those who have been exposed to small pox shall either be vaccinated or remain in quarantine for a period of fourteen days—the length of time during which the disease, if contracted, will manifest itself.

This provision certainly is not unreasonable, nor any infringement upon personal liberty. The United States Supreme Court in passing upon this very question of “personal liberty” in relation to the state’s right to demand vaccination expressed itself as follows: “The liberty secured by the constitution of the United States does not impart an absolute right to each person to be, at all times, and in all circumstances, wholly free from restraint. Real liberty for all could not exist under the operation of a principle which recognizes the right of each individual person to use his own, whether in respect to his person or property, regardless of the injury that may be done to others.”

Small pox, which have broken out in Kansas City in so malignant a form, may spread also to this community. The best advice that we can give to the public to protect itself against the danger from this disease is to urge vaccination. Vaccination properly done not only is entirely without any element of risk of injury to health, but it is an absolutely safe and assured method of protecting oneself against small pox.

WHY EAT YEAST?

By Dr. Geo. C. Ruhland, Commissioner of Health.

Thanks to the smooth plausibilities dispensed to a credulous public by clever advertising men, yeast, the long despised by-product of brewery and distillery, and well known humble servant of the bake shop, has been brought forth out of its position of commonplace and lowliness to take a stand in the forefront with the great discoveries that have marked the progress of the human race.

By all means the most wonderful remedy for suffering humanity, not its least virtue, is the cheapness of price which places it within ready reach of everyone who needs it—and let it be understood at once, we all do—every man, woman and child.

Understand that yeast is no longer the ordinary yeast you have known in years past. Yeast now has been discovered to be the quint essence of all body building, growth promoting, disease dispelling substances.

By its magic, the weak shall grow strong, the thin shall attain physical perfection, the plain shall be made beautiful, and the old grow young again. At least, so we are assured by the advertising man, and of course he ought to know, for is he not paid to tell you so?

And the public—God bless them—choruses the amen to this preaching. By yeast shall ye be saved! So yeast it is morning, noon and night. Even the free lunch counter offers

its cakes of yeast in deference, to the new doctrine of the virtue of yeast.

Just why yeast should all of a sudden have been boosted into such prominence is not quite clear, unless indeed it was to dispose of accumulating stocks which the much reduced brewing industry could no longer make use of.

As a therapeutic agent yeast has been used by the medical profession in certain skin conditions with marked success. Yeast also has been used in some forms of constipation to advantage. This, however, does not mean that yeast is a panacea for all sorts of skin diseases and other ailments as the advertising man would have us believe.

Yeast does contain certain vitamins, i.e. some growth promoting substances. However, these same substances are found in a great variety of other foods and in greatly more acceptable form. Yeast, as such, can hardly be called a food, and the use of yeast in larger quantities is hardly advisable and far from harmless.

The feeding of whole yeast to individuals with rheumatic tendencies is actually known to bring on rheumatic pains with stiffness and swelling of the joints.

Already a considerable number of cases of acute disturbances of stomach and intestine have come to the attention of the Health Department in which the ill advised yeast diet proved to be the offending cause.

If yeast is to be used as a remedy, it still will be best to consult a competent physician about it, who can determine whether in the particular instance yeast is advisable or not.

THE MORTALITY RATE OF COLLEGE WOMEN

Given proper economic, educational, and environmental conditions, the health and longevity of the people will be increased. It would be expected, then, that any group of persons who exemplify such favorable conditions in their mode of living would live longer than others who do not have these advantages. That this fact is so is shown by a recent study of the mortality rates of college women. Here is a class of persons who have unusual opportunities to learn how to adjust themselves properly to work, to rest, to amusement, and to living conditions generally. The results of the study, which was made by Miss Myra H. Hulst, statistician with the American Red Cross, show that the death rates of college women are lower than those of any other class of women which has previously been studied.

In order to reach this result, data were collected on all the graduates of three women's colleges—Vassar, Wellesley, and Smith. All alumnae of these colleges were included, starting with the class of 1867 for Vassar and 1879 for both Smith and Wellesley. The number of graduates was 15,561 and the years of life totaled 204,553. It was found that the

general death rate for the period of life included—20 to 64 years—was 3.24 per 1,000. This is a remarkably low rate. It is less than one-third the death rate of women of this age group in the United States registration area, which is estimated to be about 10 per 1,000. The figures for Smith alone—between the ages of 20 and 59 years—are even lower, being 2.55 per 1,000. Vassar has a rate of 4.16 per 1,000—between the ages of 20 and 69 years—and Wellesley a rate of 3.14—between the ages of 20 and 64 years.

The results when compared with rates of women in the registration area in the United States were lower in every age group. The figures for college women were also compared with those for teachers in New York City and the two were very much in accord. These teachers were found to have the lowest rates of any class of New York city employees in a study by George Buck on Teacher's Pension 1916.

The results of this study are significant in that they indicate what might be accomplished if the advantages which college women enjoy could also be extended to all other classes.

From the Nation's Health

MOIST AIR AND FUEL ECONOMY

The average house owner burns too much coal, principally because he does not know how to regulate his heater.

The satisfactory and efficient heating of homes requires that the chimney flue be of proper size, and in the proper place; that the

proper heating equipment be installed correctly; that the plant be understood thoroughly and operated so that the heat is held in; that the air be kept moist; and that enough fresh air be admitted either continuously or from time to time to avoid the discomfort or unhealthful conditions

due to accumulation of carbonic acid gas.

The best and highest priced heater improperly installed may give less satisfaction than the poorest and cheapest put in correctly. Practically all heating plants have four dampers. A draft damper in the door of the ash pit is opened to admit air through the fire, which causes it to burn rapidly. A check damper located in the smoke pipe is opened to admit cold air into the flue, thus interfering with the draft and retarding the burning of fuel in the heater. The damper located in the feed door is used for the same purpose. Through it cold air is admitted directly over the fire, and if opened wide, it acts as a check. When regulated properly it admits just sufficient air to supplement that admitted through the draft damper, and causes more perfect combustion of the fuel. The smoke pipe damper is located between the furnace and the check draft, and can be used to control the draft above the fuel in windy weather or at night.

Ashes should not be permitted to

accumulate in the ash pit, as this retards the draft and the heat causes the grate bars to become warped and bent. As a rule it is not necessary to shake down the ashes more than once or twice a day, except in very cold weather, and shaking should be stopped as soon as live sparks begin to fall into the ash pit. In mild weather coal can be saved by permitting an accumulation of ashes in the grate.

It is economy to seal the cracks about doors and windows with weather strips, and where the weather is unusually cold, storm sash is recommended. In addition to maintaining proper temperature, the moisture present in the air is a great factor in heating homes. The water pan in the furnace should always be kept filled, and other means provided for the evaporation of water in the living room. Not only are rooms in which the air has a high percentage of moisture more economically heated, but living conditions are most healthful.—Bulletin of Department of Agriculture.

PLEA FOR EFFORTS TO REDUCE HIGH MORTALITY RATE FROM AUTOMOBILE FATALITIES

Last December, the United States census bureau issued a circular in which attention was called to the startling and increasing figures and rates for automobile fatalities during the past five years, and some suggestions offered for traffic improvement.

"In the United States more than 15,000 persons are killed every year in automobile accidents and more than 400,000 are injured.

"The steadily increasing number of fatalities, physical injuries to per-

sons and damage to vehicles, mostly caused by reckless driving and carelessness of pedestrians, has indeed become a serious national problem. Accident and life insurance companies are becoming vitally concerned about this condition of affairs. The statistical bulletin of the Metropolitan Life Insurance Company for May, 1921, contains an article on this subject, in which appears the following paragraph:

"There are few, if any, more acute problems before the public health

and police authorities in American cities today than that of finding ways and means to save the large number of lives which are being lost to an increasing extent year after year through automobile fatalities."

"Exceeding the speed limit is, of course, the principal cause for accidents. Other important causes are due to the failure of drivers to give proper signals before leaving the curb, turning, stopping or changing the course and approaching other vehicles and persons, and failure to exercise the privilege of their right of way or to permit others to make use of their own—those committing the latter mentioned violation being generally referred to as 'road hogs'; failure of pedestrians to look both ways when crossing streets and to observe the signals of traffic officers and automobilists, crossing streets

where there are no intersections and doing so at the latter diagonally instead of at right angles (this rural performance being commonly called (jay-walking'); emerging into the street from between parked automobiles; assuming that they have more rights under the law than they in reality have under certain conditions, and bicyclists hanging on to automobiles. Many automobilists do not realize the great wrong they commit when approaching pedestrians too closely or by using horns that sound unreasonably loud. It is a most disgusting experience for a well person to be seriously scared, but to old people, to those suffering from nervous disorders and heart troubles and to pregnant women, a shock thus received may cause most serious injury.

CORRECT LIVING

What profiteth a man that he gain the whole world yet lose his health?

Naturalists say that long ago the prehistoric waters were infested with species of enormous shark which finally became extinct by reason of the workings of its voracious appetite. Thus Nature eliminates the over-fed.

The desire for ease of life and plentiful diet is universal and is the great stimulus of man and animals alike. When a man becomes greedy and takes more ease and food and drink than is his share, Nature discards him.

In the race for power and place, for ease of circumstance and relief from the stimulus of hunger, the modern man is apt to forget that unless he is careful of his body he will soon be made to suffer for the infraction of Nature's inexorable

physical law. With the loss in body tone comes an equal loss in mental acuity and the brain which for a time was able to operate despite the complaints of an over-fed, under exercised, self-poisoned body, stops working.

Statisticians have discovered that the morality rate of persons in the United States over 45 years of age is increasing. The strenuous life of today is not alone responsible for this lack of health-giving exercise; superfluity of diet, lack of restoring sleep, over-stimulation, the high pressure of the race for power, wealth and position, plus physical neglect,—these bring early decay. The goal is reached,—wealth is amassed,—honor, position and power are just being grasped when the apple of accomplishment turns to the ashes of dissolution. The brilliant mind becomes clouded, the steady

hand is no longer accurate, the eye which once gazed fearlessly on the whole world is dimmed and it is not long before the final break-up occurs. All of this was entirely preventable.

Other things being equal it is the man who leads the well-balanced life who lasts the longest, whose work to the end is uniformly the best, he who neither over-works nor over-plays, neither over-eats, over-drinks, nor over-sleeps, he who maintains a standard of simple healthy diet in moderation, who offsets mental work with physical recreation, who is as honest with his own body as he is with his own business. When success comes to such an one

his physical and mental condition is such that he can enjoy in peace of mind and contentment of body the fruits of his labors.

The regulations of the U. S. Public Health Service state: "It is the duty of officers to maintain their physical as well as their professional fitness. To this end they shall be allowed time for recreation and study whenever their official duties will permit." If the government regards it as essential that its sanitary experts shall be safeguarded in this way, is it not equally important to every citizen that he similarly maintain a high standard of physical integrity? Monthly Bulletin,

Indiana State Board of Health.

A MATTER OF COMFORT AND HEALTH

The closing of a vast number of saloons by the operation of the eighteenth amendment has eliminated a large amount of drunkenness and crime, but with them there departed the more or less savory free lunch, and the exceedingly convenient "comfort stations." Americans who have seen such stations universally present in Europe in villages, towns and cities have wondered at their scarcity in this country. During recent years, however, there has developed a recognition of the need of "comfort stations," and they have been provided here and there; but they are by no means as universal as they should be. From a public health point of view the necessity for such facilities is well known. Practically, however, their provision is not so much a medical as a plumbing problem. Domestic

Engineering, a periodical devoted to the plumbing trade, features the subject of "comfort stations" in its current issue. A survey has been made of the facilities for this purpose in 120 American cities. Forty-four percent. of these cities lack suitable facilities. Research has been made on cost of installation and operation, on various types of devices to be utilized, and on methods of conducting these stations. In many instances the saloon "station" was a makeshift—insanitary, filthy, often obscene. The modern municipal comfort station is a clean, sanitary, commodious, even beautiful structure. Wisconsin, we are informed, has passed a state law, affecting more than 400 municipalities, making the provision of comfort stations compulsory. Physicians, knowing their importance, both for comfort and for health, will welcome progress of this character.

Jour. A. M. A.

THE EXPENSIVE "POOR MAN'S MEDICINE"

A favorite argument of the nostrum exploiters, advanced when threatened with restrictive legislation or taxation, is that "patent medicines" are "the poor man's medicine." Never had a pretention a flimsier basis of fact. But a certain portion of the public can be counted on to accept as gospel any preposterous statement if only it be repeated often enough and in sufficiently black type. The purchaser who buys a bottle of Dr. Quack's Quick Cure does not realize that about 75 cents of his dollar has been expended by Dr. Quack in an effort to convince him that he is suffering from something for which "Quick Cure" is a sure-shot remedy. The most expensive thing about a "patent medicine" is the advertising. As one "patent medicine" maker said, when, in a burst of candor, he was speaking before others of his kind:

"The twenty thousand news papers of the United States make more money from advertising the proprietary medicines than do the proprietors of the medicines, themselves.—Of their receipts, one third to one half goes for advertising."

If, on the admission of the manufacturers, from 33 cents to 50 cents of a dollar paid for a "patent medicine" goes to newspapers, the additional cost of exploitation in "almshouses," window displays, circulars and other publicity features can easily be counted on to bring the amount up to 75 cents. And the farce—or tragedy—of the whole thing is that John Doe pays this 75 cents—unconsciously—for the purpose of being persuaded that he is suffering from some ailment for which the nostrum is recommended. Every physician and every druggist

knows that the present "patent medicine" is unnecessary. He knows that there are already in existence official products more than ample to fill every legitimate need of self-drugging, that is, to furnish all the "home remedies" that can safely be used by the public. These official products being nonsecret, and their strength and purity being guaranteed under federal and state laws, they are in every way superior to the proprietary article of secret composition. Moreover, there being no element of monopoly or proprietorship, in the narrow sense, in the manufacture of these official products, competition may be counted on to keep the price down to a reasonable figure. The small margin of profit on the sale of official products makes it impossible for such preparations to be sold by intensive advertising methods, and their open formula makes false and fraudulent therapeutic claims unfeasible. The abolition of "patent medicine" advertising would do much to abolish the making of hypochondriacs by suggestion and would result in a great decrease in all drug taking. In addition to this large indirect financial saving there would be a direct saving in that when John Doe purchased a simple home remedy he would pay only for the actual cost of the medicine plus a small legitimate "overhead" to cover production and distribution. It is a demonstrable fact that if the public depended on a few of the official products for their remedies instead of on the multitudinous "patent medicines," they could save 75 cents on every dollar now expended. "Poor Man's Medicine" forsooth! —Journal of the American Medical Assn.

FIRST AID TO THE INJURED

Infantile Blindness

Ophthalmia neonatorum, or inflammation of the eyes of new born babies is one of the commonest and at the same time, one of the most dangerous maladies of the eyes to which a young child is subject. It is due to the introduction in the child's eye at, or shortly after birth, of germ infected secretions from the mother. If the smallest portion of this infected material is allowed to get under the infant's eyelids, it may rapidly develop inflammation, which is generally followed by ulceration and complete loss of sight in one or both eyes. About one-third of the cases of blindness, due to local causes, result from this early preventable disease. Blindness rarely occurs if the disease is properly treated from the beginning.

Immediately after birth of the head the eyelids should be carefully cleaned by means of absorbent cotton, or a soft, clean ironed linen cloth and warm water that has been boiled, or boric acid (saturated) solution. A separate wipe should be used for each eye, and the lids washed free from all mucus, blood or meconium, from the nose outward. All wipes should be burned after using. No opening of the lids should be attempted at this time. As soon

after the birth as possible, the eyelids should again be wiped clean of mucus, and two drops of a one per cent fresh solution of nitrate of silver should be used in each eye. Care should be taken, however, that neither the fingers of the operator nor the end of the eye dropper be brought in contact with the cornea, or the instillation made with too great force. It is best to instill a few drops of normal salt solution after using the silver nitrate.

Each time that the child is bathed, the eyes should first be wiped clean with a saturated boric acid solution. The hands of the person charged with the care of the child must be thoroughly washed with soap and water and dried with a clean towel before the eyes of the child are touched. Everything that is brought near the eyes of the child must be, in every instance, absolutely clean. The use of the silver nitrate solution should be repeated as directed by the attending physician. This treatment, if commenced in time and thoroughly and systematically carried out, will not only prevent, but will, with rare exceptions, insure a perfect recovery in cases where inflammation of the eye has developed.

**All time and money spent in training the body pays a larger interest than any other investment.---
Gladstone.**

Owing to a reduced budget, the Health Department will be unable to publish its bulletin more frequently than once every two months.

Milwaukee Health Department.

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.

Child Welfare Division.

Vital Statistics Division.

Sanitary Inspection Division. Eighth Floor:

Food Inspection Division.

Venereal Disease Bureau.

Communicable Disease Division.

Medical School Inspection Division.

Bacteriological Laboratory.

Chemical Laboratory.

Tuberculosis Division.

Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.

Telephone Broadway 3715.

Saturday afternoons and Sundays, Closed.

Except Contagious Disease Division.

Telephone Broadway 3723.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Every afternoon, from 1:30 to 4:00 o'clock for adults, with the exception of Saturday.

Thursday evenings, from 7:00 to 9:00 o'clock for adults.

Saturday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4th St. and Reservoir Ave.

Wednesday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE STATION, 2920 North Ave.

Friday mornings from 9:00 to 12:00 o'clock.

SOUTH SIDE STATION, 670—6th Ave.

Thursday mornings from 9:00 to 12:00 o'clock.

Saturday mornings from 9:00 to 12:00 o'clock for children.

Thursday evenings from 7:00 to 9:00 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday 9:30 to 10:30 A. M.

Hanover St. School, near Mitchell St.—Friday, 2:00 to 3:00 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 3:00 to 4:00 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2:00 to 3:00 P. M.

Weil Street School, corner Lee St.—Thursday, 2:00 to 3:00 P. M.

St. Hedwigs School, Brady & Franklin—Friday, 3:00 to 4:00 P. M.

Calvary Community House, 62 8th St.—Tuesday, 2:00 to 3:00 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and 9th—Wednesday, 2:00 to 3:00 P. M.

North Ave. Station, 2920 North Ave.—Thurs. 10:00 to 11:00 A. M., Wednesday 2:00 to 4:00 P. M.

Grant St. School, Corner Twenty-fourth Ave.—Tuesday 9:30 to 11:00 A. M.

South Side Station, Sixth and Mitchell, Friday 2:00 to 4:00 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone Orchard 3590. Visiting Hours 2:30 to 4 P. M.

Tuesday, Thursday and Sunday.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

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Bulletin

of the Milwaukee

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UNIVERSITY OF ILLINOIS

Health Department

*Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE.*

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director.

Vol. 11

MAY 1921

No. 5

PICNICS.

BY GEORGE C. RUHLAND, M. D., HEALTH COMMISSIONER.

Presently the time for summer outings will be with us again. Fortified by the all important and well stocked lunch basket, the city dweller will go forth into the country by way of electric, steam, or mayhap his own trusty gas car, there to hold communion with nature by the side of some babbling brook or shaded glen.

It is a commendable practice, is picnicking, and one that we most heartily subscribe to.

The daylight saving plan, by which one hour more of sunlit playtime is made available after the close of the work day, is an excellent opportunity for picnicking.

There is nothing so wholesome and restful to the jaded mind as a complete change in occupation and surroundings. The city dweller can do no better by himself than to seek

the wholesome diversion of the open country.

There all will find not only an interesting and new world in stimulating and delightful contrast with the restricted and humdrum daily commonplace of shop or office routine, but the sunlit and undefiled air will add an extra measure of healthfulness thereto, that will make food taste better, that will quicken the pulse and gladden the heart.

There are two essentials to making picnicking a success—the one a right good will to enjoy yourself, the other a steadfast determination to leave cares and worries behind.

If you have never picnicked, take advantage of the next bright day of sunshine, pack any old shoe box with sandwiches and things, take to the open, and let the kiddies show you how to play and enjoy an outing.

Pity those who no longer know how to play.

The History of a Case.

The following history, which was taken from the records of the Health Department, and the sworn statements of the patient in question, teaches so good a lesson that we feel that it might well be published here.

A. Z., a young man of 28 years, presented himself at the venereal disease clinic at the Health Department for the first time in January, 1920.

Examination of his case at that time showed a primary lesion of syphilis, the result of his first sex experience.

Since it was found that he had some money and was employed, he was told that he could not be treated at the municipal dispensary.

Unfortunately, he was unacquainted in the city, and taking a newspaper advertisement for his guide, fell into the hands of an incompetent and unscrupulous "doctor" who operates in conjunction with a downtown drug store.

Rather unwisely, the patient turned over his bank book to the "doctor" with the result that presently the total deposits amounting to \$300.00 were in the hands of the "doctor".

In addition thereto, it appears that the patient paid at the rate of \$2.00 per week for thirteen months "treatment". During this time he was given four doses of salvarsan injections at intervals of two and one-half months apart with the other "treatments".

The efficiency of this treatment may be judged from the fact that after thirteen months of such treatment, he was still in a highly infectious state.

The case was again brought to the attention of the department by a dentist whom the patient had consulted. The mouth of the patient at this time showed numerous mucous patches—highly infectious syphilitic lesions.

The great and damnable wrong in this case is not that this young man was robbed of this money; had he been cured, \$300.00 would have been little by comparison.

The unpardonable sin upon the conscience of the "doctor" is the fact that he robbed this young man of his chance of getting cured promptly.

That the "doctor" was made to give up part of his illgotten gain is no atonement.

How many others in the meantime have been infected unknowingly through the mouth lesions of the patient, is, of course, impossible to tell. These innocent victims are also upon the head of the "doctor".

Three points stand out as a moral to this case:

1. The risk of promiscuous intercourse.
2. The need for purging the papers of quack advertising.
3. The necessity for directing cases that cannot be treated in the public dispensaries to competent and reliable physicians.

A GREAT PUBLIC HEALTH PROBLEM.

There is perhaps no public health problem more important or one more difficult of solution than that of the control of venereal disease. Unlike other infections, syphilis and gonorrhea are, in the public mind, inseparable from sexual immorality, and, therefore, up to a very recent date, regarded as wholly unsuitable for discussion except at medical meetings and in scientific journals.

Happily for the human race this attitude of aloofness is now fast disappearing, largely as the result of public health education conducted by a number of social hygiene organizations, and a few city and state departments of health.

Thinking persons are awakening to the fact that these two diseases, world-wide in distribution, are daily causing so much domestic sorrow, illness, and so many deaths, that the prudish plea of indelicacy can no longer be tolerated as an excuse for failure to take action against their ever-increasing spread. The ignorance of the public of the ravages of these diseases, familiar to every physician of experience, is astonishing. How many people know that, excluding appendicitis, the great majority of abdominal operations performed on young married women are due to

gonococcal infection, contracted as the result of ignorance on the part of the husband regarding his own health before marriage? How many boys and young men have any real knowledge of the dangers to health and life which result from an attack of venereal disease? How many of them know that the question of full recovery from such diseases can only be determined by the most painstaking examination by a skilled physician and by laboratory tests? How many know that asylums for lunatics and imbeciles are largely filled by the victims of syphilis, or that childless marriages, stillbirths and miscarriages are most frequently caused by one of these diseases? How many victims of their own fears and credulity know that every advertising specialist in "diseases of men" has proven on investigation to be the meanest type of fraud, whose advice is worse than useless, and given with the sole aim to extract the last obtainable penny from the unfortunate who fall into his clutches?

The moral factors involved in this campaign must be left to other agencies, whose co-operation the Department of Health gladly welcomes, while adhering strictly to its proper function of suppressing disease, regardless of its origin.

Efficiency in public health work is to be measured not so much by the number of epidemics it is able to control, but rather by the diseases it is able to prevent.

The Diet of a Tubercular Patient.

By GEO. R. ERNST, M. D.

PART II.

All acute and febrile cases must take their meals in bed, and the tactful good cheer of the nurse must make up for the absence of agreeable companions at a table. High fever cases are usually first put on a liquid diet or on semi-solids, but it is astonishing how often they may enjoy and digest a solid repast.

As a general rule it may be said that a good nourishing mixed diet is best adapted to the needs of a tubercular patient. Fats are the most nourishing foods we have and hence most important. The best form to administer them is milk and its derivatives, because they are most easily assimilable. Between a pint and a quart of milk per day is considered the maximum for the average patient. Eggs contain considerable fat and are very easily digested. In my experience it makes little difference in what form they are given. They are especially valuable to patients of weak digestive powers. To others they are of less value, but are to be regarded as a good food. Oleomargarine, when prepared from lard, milk and butter is good, but if vegetable acids are added it is less digestible. Cod liver oil and olive oil are of no special value, excepting that they are fats which may be added in considerable dosage to the usual diet. The vitamins which cod liver oil holds can just as easily be obtained from the other articles of food. During the winter months these oils may

be taken; during the summer they frequently upset the stomach.

We have gotten away from the overaccentuated meat diet of former days, and most patients do best on meat once a day, since proteids that are not burned clean leave deleterious clinkers behind. Meat extracts, bouillon, meat broths are stimulating to the appetite, but contain very little nourishment.

More than one-half of the calories should be supplied in the carbohydrates. It is, therefore, necessary that cereals and vegetables be selected with judgment and great care spent on their proper preparation. Cane sugar and maple sugar are valuable foods. Those that take large quantities may become fat rapidly, but this fattening is as little permanent as that obtained from an excessive milk diet. Sweet deserts or candies in moderate quantities are allowed if taken after meals.

Tuberculous patients require more food than the average amount needed by the ordinary laborer. The diet must be rich in protein and fat. The fat should be largely animal fat, particularly in the form of milk and milk products. If margarine is used it should be oleomargarine and not made from vegetable fats. Whole meal bread, beans, peas, and lentils should always be used, together with a plentiful supply of fresh fruits and vegetables.—Lancet.

FILLED MILK.

Filled milk is made from skim milk and cocoanut oil. The milk fat rich in growth-producing substance is taken away and cocoanut oil, which contains no growth-producing substances, is put in its place. When milk fat is eliminated the very life of the milk is extracted. Cocoanut oil and other vegetable oils do not contain this all important substance. Children and animals go blind and ultimately die if they cannot obtain in their rations any of the substance found in milk fat.

Here is what Dr. McCollum of Johns Hopkins University says: "In our studies with diets which were lacking in the peculiar growth-producing substances found abundantly in milk fat but not in vegetable fats, we invariably observed that the animals showed, after a period of five to seven weeks, a swelling of the eyelids, and a marked inflammation of the eyes. If the faulty diet was persisted in, the animals always went blind, and death followed a period of loss of weight in case the missing dietary essential was not supplied. A small supply of butterfat works like magic in causing the recovery of the eyes in such animals provided they have not gone too far and where the eyes get well, growth in the young is resumed."

Dr. McCollum fed a group of rats at weaning time on a diet of turnips, beets, potatoes, peas, beans, round steak, wheat flour, and corn meal. At one time this would have been considered a diet that would properly nourish an animal, but the investigations of Dr. McCollum show that the rats fed this ration grew about

one-fourth as large as they were capable of growing had they been fed a satisfactory diet. The trouble with this diet, he says, was that it was derived wholly from seeds, tubers, roots, and muscle meat. Such a diet will never be satisfactory for the maintenance of health.

Another group of rats was fed exactly the same ration except that whole milk powder was added to it. The rats receiving this diet grew normally and to full size. The element that produced the difference in these two groups of rats was the milk fat.

Dr. McCollum further states: "Bloch, a Danish physician, has recently recorded forty cases among children in the rural districts near Copenhagen who had been fed exclusively on a diet of separator skim-milk. He describes an eye trouble and says the children recovered promptly when given whole milk."

Medical men have assured Dr. McCollum that they have seen many cases of children, suffering from sore eyes and swollen eyelids, whose diets were derived principally from grains.

These experiences and investigations show conclusively that milk fat contains a substance highly essential to not only growth but health and that milk is an indispensable food for the young.

Infants and children should not be fed filled milk, but should be given whole milk and should also receive plenty of butter. The use of filled milk should be restricted entirely to cooking and baking purposes.

(From Hoard's Dairyman.)

PEANUT BUTTER.

It is interesting to note that within recent years the production of peanut butter has developed into a business of great commercial importance. An idea of the growth of this industry may be had from the fact that in 1919 a single manufacturer produced nearly 6,000,000 pounds of this palatable and nutritious food product.

As evidence of its growing favor with the public, statistics show that the amount of peanut butter made in the United States has increased five times during the period from 1907 to 1919, inclusive. It is estimated that approximately bushels of the nuts were used in making peanut butter last year.

The U. S. Department of Agriculture in a bulletin, *Nuts and Their Uses as Food*, gives the following

comparative food values of peanut butter and round steak:

	Peanut Butter	Round Steak
Water	2.1	65.5
Protein	29.3	19.8
Fat	46.5	13.6
Carbohydrates	17.1	.0
Ash	5.0	1.1
Fuel value	*2,825	*950

*Calories per pound.

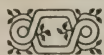
These figures show that peanut butter contains one and a half times as much protein, more than three times as much fat, nearly five times as much ash, and three times as much fuel value as round steak. In addition to this, peanut butter contains 17.1 per cent of carbohydrates, while steak contains none. Pound for pound, peanut butter has a much greater food value than round steak.

VALUE OF EXERCISE.

According to the U. S. Public Health authorities the increasing mortality in this country due to the degenerative diseases, such as those involving the kidneys, heart and blood vessels, is due to the increase in the sedentary occupations. Mental work calls for and uses more nervous energy and also deprives the system of that natural assistance which physical exercise

affords to the various and necessary eliminative processes.

This is why the kidneys become overloaded and fail to function. And also lacking the normal aid which working muscles give to circulation, the arteries become brittle and weak; and the heart itself as flabby in muscular strength and development as are the biceps of the average man of sedentary habits and occupations.



FIRST AID TO THE INJURED



FIRST AID TO THE INSURED.

Arsenic Poisoning. — The various salts of arsenic, such as Paris green and others, are frequently used in sprays for trees or vegetables, for preserving skins, as the active agent in fly papers, and sometimes as poison for small animals.

The symptoms of arsenical poison come on about an hour after the substance has been taken and resemble in many respects acute cholera morbus. There is pain in the abdomen and a feeling of constriction in the throat, accompanied with severe vomiting and profuse diarrhea. Later the stools are very thin, containing a few flakes of mucous and often streaked with blood. Finally great general weakness comes on, with shallow breathing and a very rapid and weak puls. If the patient lives until the third day the symptoms may become very much milder at this time, only to be followed subsequently by a relapse, generally ending in death.

The treatment should consist of an antidote prepared by stirring a teaspoonful of magnesia into a cup of water, adding two tablespoonfuls of tincture of iron, stirring well, and then giving the entire mixture as one dose. About two tablespoonfuls of this soft gelatinous mass should be mixed with water and administered by the mouth. The stomach should be emptied by emetics after the antidote has been given, or before if the antidote is not available. Magnesia alone is useful as an antidote in tablespoonful doses mixed with water. After administering the antidote and producing vomiting give soothing gruels, such as flax seed tea, thin cooked starch, tapioca gruel, and later two tablespoonfuls of castor oil to empty the bowels. The general strength should be supported by artificial heat, plenty of bed covers, and small doses of strong coffee. Pain in the stomach may be allayed by a hot-water bottle and doses of opiates, the latter are to be administered only under the direction of a physician.

CANCER.

The Right Way to Attack Cancer:

Go immediately to a reputable physician and insist upon a thorough examination when you notice:

1. Any lump, especially in the breast.

2. Any irregular bleeding or discharge.

3. Any sore that does not heal, particularly about the tongue, mouth or lips.

4. Persistent indigestion with loss of weight.

The Wrong Way, Wasting Precious Time and Money.

1. Waiting to see if the condition won't go away of itself.

2. Using "Patent Medicines."

3. Allowing advertising "Cancer Specialists" and "Quack Doctors" to treat you.

4. Being guided by anybody except a thoroughly competent physician.

The Right Way is the Only Safe Way.

Milwaukee Health Department.

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.
Venereal Disease Bureau.

Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.
Eighth Floor:
Tuberculosis Division.
Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Saturday afternoons and Sundays, Closed.

TELEPHONE Broadway 3715.

CLINICS.

TUBERCULOSIS

EIGHTH FLOOR, CITY HALL:

Every afternoon, from 1:30 to 5:00 o'clock for adults, with the exception of Saturday.

Thursday evenings, from 7:00 to 9:00 o'clock for adults.

Saturday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4th St. and Reservoir Ave.

Wednesday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE STATION, 2920 North Ave.

Tuesday mornings from 9:00 to 12:00 o'clock.

SOUTH SIDE STATION, 670—6th Ave.

Thursday mornings from 9:00 to 12:00 o'clock.

Saturday mornings from 9:00 to 12:00 o'clock for children.

Thursday evenings from 7:00 to 9:00 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE

Sixteenth Ave. School, cor. Mineral St.—Tuesday 9:30 to 10:30 A. M.

Hanover St. School, near Mitchell St.—Friday, 2:00 to 3:00 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 3:00 to 4:00 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday, 2:00 to 3:00 P. M.

St. Casimirs School, Clarke & Weil Sts.—Thursday, 2:00 to 3:00 P. M.

St. Hedwigs School, Brady & Franklin—Friday, 3:00 to 4:00 P. M.

Eighth St. School, cor. Sycamore St.—Tuesday, 2:00 to 3:00 P. M.

Detroit St. School, cor. Jackson St.—Thursday, 9:30 to 10:30 A. M.

Abraham Lincoln House, Sherman and 9th—Wednesday, 2:00 to 3:00 P. M.

North Ave. Station, 2920 North Ave.—Friday 10:00 to 11:00 A. M.

Grant St. School, Corner Twenty-fourth Ave.—Tuesday 9:30 to 11:00 A. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone, Orchard 3590. Visiting Hours, 2:30 to 4 P. M.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

Union Pharmacy, 1120 Walnut St.

Wright Drug Co., 328 Grove St.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

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Bulletin
of the Milwaukee

Health Department

Publication of the MILWAUKEE HEALTH DEPARTMENT
SCHOOL OF HEALTH AND SANITARY SCIENCE

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director

Vol. 11

SEPT.—OCT. 1922

No. 21-22

NATIONAL CANCER WEEK

GEORGE C. RUHLAND, M. D., Commissioner of Health.

The week of November 12th to 18th, has been set aside as the National Cancer Week this year. The cancer death rate for 1921 was higher than that for any year since 1911, indicating that practically no progress has been made so far in checking the mortality from this disease.

To most people the word "cancer" is synonymous with a death sentence by a terrifying and painful disease process. The National Cancer Week is promoted for the purpose of bringing a message of good cheer to the public. The public should know that the high death rate from cancer is unnecessary and can be modified.

If the death rate from cancer at present is high, it is so because no attention is given cancer during the early stages when it is readily curable, frequently without the use of the knife. According to statistics, it appears that there is an upward sweep of the cancer death rate, affecting primarily the ages beyond

55 years. Careful analysis shows however that there is an underlying downward tendency, slight indeed but quite definite, at the ages below 45. This may have followed because the cancer control message has been favorably received and understood by persons at the younger ages. The bulk of the loss of life from cancer, the toll of intense suffering and prolonged incapacity, occurs at the advanced ages.

In the early recognition, and in the early removal of cancer, lies the hope for the improvement of our cancer mortality. Learn how to protect yourself against cancer, and how to deal with this disease, should it have developed, by calling up your family doctor or the Health Department. A corps of physicians competent to discuss the problem of cancer, will be available for speaking engagements for clubs or societies during Cancer Week, as well as later. Literature on the cancer problem may also be had without cost by applying to the Health Department.

**In the Early Recognition and in the Early Removal
of Cancer, lies the hope of Cure.**

REDUCING THE DEATH RATE FROM DIPHTHERIA

The Schick Test

In a series of articles published in earlier issues of the Bulletin, we have called attention to the relatively high death rate from diphtheria here in Milwaukee.

We also pointed out some of the causes for this high mortality rate and showed how failure to call a doctor early was responsible for the larger number of these deaths, and how giving antitoxin late and in inadequate dosage was responsible for another goodly portion of deaths.

We are glad to note that apparently the warning is being heeded and that the percentage of deaths from diphtheria is obviously dropping.

However, even if deaths from diphtheria were eliminated entirely, we would feel that all that can be done had not yet been accomplished. The fact remains that even though diphtheria does not always kill, the effect of the infection is always more or less damaging, affecting particularly the heart. The ideal, therefore, to be attained is the elimination of diphtheria from the community.

While it is true that this ideal will be extremely difficult of attainment, and perhaps may never be entirely realized, yet it is equally true that considerable progress towards this ideal is quite readily possible.

Susceptibility towards disease is a variable. Not everyone is susceptible to diphtheria.

Fortunately, a method—a rather simple procedure devised by a Dr. Schick, whose name has been applied to the test—has been found, by means of which the susceptibles may be tolled from the immune. And finally, and of equal importance, it is possible to immunize the susceptibles so that they in turn can be protected against diphtheria. The immunity thus obtained will last for years, and perhaps a life time. The method, if properly carried out, is perfectly safe even for young children.

Since it requires a certain time to obtain immunity by this method, it is not applicable in cases of epidemics. It is essentially a preventive measure and should be used in normal times as freely and widely as possible. Every child below the age of twelve years, if susceptible, should be so immunized. Especially is this true of institutions where large numbers of children are housed.

Ask your doctor today about the test, or apply to the Health Department for it. Protect your child and help protect the community against diphtheria.

EFFECT OF BAD POSTURE ON SCHOOL CHILDREN

A recent issue of the Public Health Reports discusses the effects of bad posture on school children. The report, which is a preliminary one, deals with a survey of school children in the first five grades in three elementary schools in Indiana.

Of a total of 1,115 children who were given a rating for posture, 321 or 29 per cent were classified as good; 442 or 40 per cent as fair; and 352 or 31 per cent as poor. The survey also showed that the general

direction of the good posture curve is downward from the first grade, and that the poor posture curve is upward.

Of interest also is the observation that of 384 children having adenoids or enlarged or diseased tonsils, or both, either alone, or in combination with defective eyes or teeth, or both, 41 per cent had good posture and only 23 per cent had good posture. Of 306 children in whom were found a combination of poor posture and

physical defects, 52 per cent had adenoids, enlarged or diseased tonsils, or a combination of these defects.

The studies were conducted in schools that did not have an adequate system of physical training for its elementary schools, and the pupils at that time had not been furnished with adjustable seats and desks. The observations on malnutrition and poor posture in the survey in question are hardly conclusive.

The question that is raised in connection with the survey, viz.—What effect has bad posture on school children?—is an important and interesting one.

Fortunately, public opinion is awakening to its responsibilities in developing not only the mind of the child but the body as well. The public has a right to expect that when the law requires the attendance of a child at school, that such attendance will not result in physical injury to the child that is forced to attend school.

There is no doubt that we have still much to learn and far to go in furthering physical development of the child at school. It must be recognized that the crowding together of large numbers of children in a room that is oftentimes insufficiently ventilated, is in itself a handicap to

the best physical development of the child.

The nervous strain that goes with school attendance is another factor, and it is a matter of well authenticated observation that the weight of school children usually drops during the school year and gains most during the vacation period.

A very important factor which influences the health of the child at school, and which undoubtedly affects the posture of the child at school, is in the matter of poorly adjusted desks and seats. Various forms of spinal curvature, compression of chest, and eye strain, unquestionably arise from non-adjustable seats and desks, in which children are forced to spend several hours a day during their growing period. It is here where a great deal of improvement might readily be furnished.

Another perhaps equally important factor is the lack in many schools of proper physical training. As the article from which we quote states, "Formless, jellyfish gymnastics, or stupid, silly games, played half-heartedly, have little place in the proper physical development of the child. In planning exercises with a view to the promotion of good posture, it is suggested that setting-up exercises be simple and vigorous and play full of energy and vim."

PROVISIONAL BIRTH FIGURES. 1922.

The Department of Commerce announces that provisional birth figures compiled by the Bureau of the Census for the first quarter of 1922 indicate lower birth rates than for the corresponding quarter of 1921. For the states compared the total birth rate for the first quarter was 23.3 in 1922 against 25.3 in 1921. The highest birth rate for the quarter (29.2) is shown for North Carolina and the lowest (16.5) for the State of Washington. Higher rates will be necessary for the remaining months of the year if the 1922 rate is to equal the 1921 rate for the Birth Registration Area—24.3.

PROVISIONAL MORTALITY FIGURES—1922.

The Department of Commerce announces that provisional mortality figures compiled by the Bureau of the Census for the first quarter of 1922 indicate higher death rates than for the corresponding quarter of 1921. For the states compared the death rate for the first quarter was 13.7 in 1922 against 12.6 for the first quarter of 1921. The highest mortality rate for the quarter is shown for the District of Columbia (17.6) and the lowest for Wyoming (9.6). These early figures forecast for the year 1922 a higher rate for the death registration area than the record low rate (11.7) for the year 1921.

THE VALUE OF PERIODIC MEDICAL EXAMINATIONS

The most striking testimony yet offered to the value of periodic medical examinations has recently been furnished by the Metropolitan Life Insurance Company, which for more than seven years has been offering the life extension institute service without cost to its policyholders. Approximately six thousand persons were examined under this plan in the years 1914 and 1915 and the after history of this group was observed up to November, 1920, for an average period of five and one-half years per person. The expected mortality for a group of the class and age concerned would have amounted to 303 deaths, but actually

only 217 deaths occurred,—a saving of 28 per cent.

The number is small but the difference is so marked that it cannot reasonably be attributed to chance, and the company estimates that the sum of forty thousand dollars spent in these medical examinations has effected a saving in mortality in excess of \$126,000. Results of this kind should be of the greatest assistance in furthering the movement for systematic medical examination, which offers the only hope of effective control of the degenerative diseases of adult life.—The Nation's Health.

SMALLPOX AND VACCINATION

W. W. BAUER, M. D., Epidemiologist

A glance at Milwaukee's Communicable Disease Report will show that there were five cases of smallpox reported in August, 1922, and in the first eighteen days of September, one case. Superficially, this is a good record. A closer examination, however, will show that of the five cases reported in August, one died. The one case reported in September is of a very severe type, and the four cases in August which recovered were likewise of a severe type, one of them very close to death. We are, therefore, fortunate in having few cases of smallpox. The type of this disease, however, is exceptionally severe, and if the cases were numerous, we should be faced with the possibility of a considerable death rate from smallpox, a condition which has not existed in Milwaukee since 1894, and which should not exist in any enlightened community.

Further cases in point are furnished by the Public Health reports of September 1st, 1922. This report

mentions the increasing prevalence of smallpox within the past five years, epidemics having occurred in Scotland, Germany, France, Spain, Australia, Burma, the Philippines, Mexico, Brazil, Argentina, Chile, Costa Rica, Santo Domingo, Canada, and parts of the United States. The case rate from January to September of 1921 for the United States is given as 1.21 as compared with 1.06 for 1920, and .60 which is the median 1913 to 1920. It is evident that smallpox, therefore, is on the increase in the United States.

The number of cases in 1921 in 93 cities was 138 per cent greater than in 1920, and what is still more significant, with double the number of cases there was 12 times the number of deaths. The fatality rate, therefore, rose from 2 cases to 13 cases per 1,000. The experience of Milwaukee for the months of August and September 1922, would, if continued upon a larger scale, fully bear out these figures.

In 1900 to 1902 there was an outbreak in Glasgow of 2,255 cases, and in the following two years 1,158 additional cases were reported. After twenty years practically without smallpox, Glasgow in 1920 and 1921 had an outbreak of 578 cases.

In 1920 during the prevalence of smallpox in Glasgow, 225,861 vaccinations and revaccinations were recorded with probably an additional 125,000 infantile vaccinations, and there were present undoubtedly 100,000 vaccinated individuals as a result of service in the World War. In addition more than 400,000 people had been vaccinated during the epidemic of 1900 to 1904 inclusive. In this great number of vaccinated people lies the explanation for the difference between the outbreaks of 1920 and 1900. The outbreak of 1900 was four times as great as that of 1920.

Another point is brought out by the Glasgow figures. Before vaccination smallpox was mainly a disease of childhood. Since the introduction of vaccination, smallpox age incidence has shifted to later age, this being due to the fact that formerly only those adults were susceptible who had not been immunized by an attack of smallpox in childhood. The adult populations now, are well vaccinated. But owing to relaxation of the vaccination laws in Scotland, vaccination of the children was considerably neglected. The age incidence of smallpox has, therefore, begun to shift slowly back to the pre-vaccination incidence. The United States, it should be mentioned, has very few compulsory vaccination laws, and the State of Wisconsin has laws requiring either vaccination or 14 days' quarantine for exposed persons only.

The smallpox outbreak in Glasgow is summarized as follows: No vaccinated person under fifteen years died. At the ages 15 to 20, only 2

deaths occurred in 62 vaccinated individuals. The mortality among these vaccinated in infancy fell chiefly among cases in the age groups from 35 years and over—the vaccination no longer protected these because of the great lapse of time. The unvaccinated cases present a remarkable contrast in that 112 cases out of 128 were at the age of fifteen years or less, and of these 38 died. Of these 38 deaths, 11 were under one year of age. At the ages of 1 to 5, eleven out of 32 died.

Thus is brought out the value of vaccination as a protection against smallpox. There is considerable publicity given to certain fallacious arguments whereby statistics are cited to show that in the years when most vaccination was done, there was the most smallpox. The figures quoted are correct, but conclusions are erroneous. The whole truth of the matter is that the vaccination was a belated effort on the part of the community to lock the barn after the horse had been stolen. If these large numbers of vaccinations had been performed without waiting for a smallpox epidemic, then there would have been no epidemic, and no consequent feverish vaccination of large numbers of people who could not see the necessity for vaccination until they were threatened with disease, disfigurement, and death, or had actually experienced this in their families.

The lesson for Milwaukee is obvious. We have smallpox in small numbers, but in dangerous form. We have had deaths from smallpox. These occurred in unvaccinated persons. Unless Milwaukee desires to have a disastrous experience with smallpox, it would be well for the people to realize that vaccination in early infancy, and again prior to entering school is necessary to prevent the prevalence of smallpox in the community.

**Living in overheated, air-tight rooms invites
colds and pneumonia?**

THE INDUSTRIAL MENACE OF NOISE AN IMPORTANT ISSUE

In the very general improvement in the factory sanitation, industrial surgeons have made a successful and beneficial warfare against fatigue, bad ventilation, poor lighting, and dangerous machinery. The employe is protected against contagious diseases; his working postures have been studied and corrected; he is supplied the means of maintaining cleanliness; he is taught the value of his health and the means of conserving it. To date, however, too little attention has been paid to the very deleterious effects which loud and continuous noise exercises upon the health of industrial workers. Not only does the continuous exposure to noise produce fatigue far more quickly than muscular effort, it also produces an irritability and interferes with concentration in such a way as seriously to handicap efficiency. This lowers output and increases production cost. These effects are not remarkable when one considers the thousands of auditory stimuli which daily impinge upon the brains of worker in the noisy trades.

Unfortunately, many factory surgeons regard the din of factories as wholly inevitable and take no steps to its reduction except perhaps to advise the wearing of ear plugs or some other individual protective device. In some factories the introduc-

tion of the electric drive has had a quieting effect and in a broad way it is recognized that most noise represents lost motion, but there has been no systematic attempt to eliminate all unnecessary sound from industry.

The one-lunged, giraffe-like automobile of a few years ago was an animated cacophony. The modern car is the silent embodiment of power. The demands of the general public have produced this result. In a similar way, industrial surgeons can and should undertake seriously and systematically the muffling of factories. In this they should seek the co-operation of both engineers and operatives.

Prof. H. J. Spooner in his Chadwick lectures presented in a recent issue of *The Nation's Health* has raised another interesting point in this connection. He proposes that there be fixed a limit of permissible noise, in other words, to create a sound unit. This of course is not easy, but it is logical. Perhaps the standard should be the necessity of the sound in question, but there are noises connected with the operation of factories which are now regarded as necessary and unavoidable which with the mechanical improvement in machinery may be eliminated.—*The Nation's Health*.

ADVICE TO BRAIN WORKERS

Scholars, who live entirely from the product of their mental labors, often do not present a healthy appearance, and are not infrequently subject to nervous, gastric or intestinal disorders, chronic constipation, etc. In laborious mental activity an excessive amount of blood flows to the brain, that of other organs being

withdrawn, and thus diminished formation of gastric juice is favored and the appetite reduced. Intellectual activity should, if possible, be suspended a full hour before and after meals. Congestion of the brain likewise interferes with proper sleep, which, as a rule can only become truly deep when the brain is blood-

less. Intellectual efforts should therefore be avoided for a period of one to two hours before going to bed, and especially one should not read in bed.

After a good night's sleep the brain is adequately rested and hence capable of doing the most work. For this reason the morning hours are the best of all for mental labor; the very early hours have the additional advantage of absolute quiet and freedom from disturbance.

Organs upon which great demands are made more readily become the seat of arteriosclerosis because of the abundant flow of blood to them. In persons of great intellectual activity we accordingly find marked sclerosis of the cerebral arteries, especially if they have the bad habit of smoking and drinking excessively. Besides, drinking interferes with the quality of work done.

With but very few exceptions, we find that the great master-intellects who attained to an advanced age led lives of moderation in every respect—not only as to their bodies, but also their minds. Whoever lives as hygienically as did Newton, can, like him, become very old in spite of bodily weakness. Newton was a very frugal eater, had no passions and never worked until over-fatigued. Not to work to excess, to permit one's self to rest at the proper time—this is the chief precept in the hygiene of the mind. The brain requires rest even more than any other organ from which great activity is demanded. One should not work more than a few hours at a stretch.

Going to bed at ten or eleven o'clock, rising at five or half-past six o'clock, and then after refreshing one's self, at once settling down to work, is recommended. Breakfast may be eaten at about eight o'clock. A walk should then be taken before

going back to work, which should be interrupted an hour before dinner-time and only resumed an hour after the meal. In the warmer seasons it is best to work in the garden or in the woods whenever the nature of the work permits. It is advisable to leave off one hour before supper, and then, as a general rule, do nothing further, but take a walk, if possible also before supper. In general, mental workers need plenty of exercise in the open air; especially in the woods or elsewhere in the midst of foliage is the flow of ideas more easily aroused. When it is not too hot, one may sit out in the sun while working, though the eyes and the book or paper should be shaded. The combination of pure air, sunshine, and mental occupation is of great value.

In winter time one gains distraction by visiting friends, attending society meetings, concerts, theaters, etc. In every season of the year it would be well to spend Sundays in the country. It is necessary, likewise, to follow the general rules of hygiene. Insofar as the diet is concerned it is strongly to be recommended during heavy mental labor, especially where much thinking is required, that meat-eating be given up and a vegetarian diet, with the addition of milk products and eggs, adopted. At any rate, a diet rich in meats must be avoided; it not only makes one heavy and dull, but also creates a want for alcohol, coffee, tobacco and other unwholesome stimulants, for which a diet containing little or no meat need evoke no desire.

Regularity and moderation heighten the expectations of long life in mental workers and guard against the premature failure of the intellectual powers which must sooner or later follow upon overwork.—Old Age Deferred, Lorrard.

Sleep is the best cure for waking troubles.

--Cervantes.

FOOD RULES FOR SCHOOL CHILDREN

Begin the day by drinking a glass of water and drink at least six glasses during the day.

Do not go to school without breakfast.

Eat regularly three times a day.

Eat slowly and chew all food well.

Drink milk every day—four glasses are not too much.

Eat some breakfast cereal every day.

Eat some vegetable besides potato every day.

Eat bread and butter every meal.

Eat some fruit every day. Spend the pennies for apples instead of candy.

Do not eat candy between meals; eat candy and other sweets only at the end of a regular meal.

Do not drink tea or coffee; it does the body no good but does do it harm.

Do not eat or touch any food without first washing the hands.

Do not eat fruit without first washing it

Do not eat with a spoon or fork which has been used by any other person without first washing.

Do not drink from a glass or cup which has been used by another person without first washing it.

Do not eat from the same dish with any other person.—The Commonwealth.

WHAT HAS REDUCED MORTALITY FROM ACUTE RHEUMATISM?

There has been a very marked decline in the mortality from acute rheumatism during the last ten years. This is as marked among the wage earners insured in this Company as in the general population. In both groups, the drop in the death rate in ten years has been about 40 per cent. This decline is not due to changes in nomenclature. During this ten-year period, there has been no corresponding increase in the reporting of septicemia, pyemia, blood poisoning or acute endocarditis as causes of death. These are the conditions which often cause or are associated with rheumatism, and it seemed at first that possibly the decline in the rate of rheumatism might be the result of a transfer of certification from rheumatism to these other causes. But, this is not true.

The undoubted decline in the death rate from acute rheumatism has attracted the attention of some of the most noted clinicians of the country and with whom we have been in correspondence. In general, it is their

opinion that this decline is associated with and probably the consequence of the increased practice of tonsillar operations during the past decade. One of our correspondents says that it is his belief, "that the chief causative factor of acute rheumatism is a focus of infection within the body and usually within the head, chiefly within the mouth and throat," and, also, "that the chief factor in the reduction of the death rate in acute rheumatism for the last ten years is due to the removal of foci about the head." The tonsils are the chief sites of infection within the head which are accessible for easy removal. Some of our other correspondents stress the importance of tooth infections as possible causes of acute rheumatism and point out that the last decade has been one of marked progress in mouth and tooth hygiene on the part of the public. Reference has also been made to the probable influence of the improvement of the milk supplies of cities. Large cities now almost uniformly require the efficient pasteurization of

milk and this removes, in large measure, the possibility of epidemics of septic sore throat and other focal infections. We must also give due weight to the undoubted improvement in the diagnosis and treatment of cases of acute rheumatism. Doctors are rapidly becoming more familiar with the difficult symptomatology of the acute rheumatic infections and are treating their cases more successfully because they are identifying them earlier in the course of the disease before severe heart impairments are produced.

If these several factors are true causes, we may expect as time proceeds to get the accumulated result of their influence. It usually takes years for chronic focal infections to produce fatal cases of acute articular rheumatism, and, if the several activities which are reducing focal infections are, in fact, beginning to show results, it may well be that we have passed the peak in the number of newly damaged hearts and other organs and will, from now on, see fewer and fewer cases of and deaths from acute rheumatism. This is actually confirmed by one correspondent who calls our attention to

the marked decline both in the number and in the severity of cases admitted to one of the largest hospitals in New York City.

Yet, much research remains to be carried out to clear up this difficult problem of the relationship between focal infection and the incidence of acute rheumatism. Newsholme's early observations, if confirmed, are important in this connection. He showed that in England, the disease apparently occurred in epidemic-like waves. We should, therefore, continue to be guarded in drawing final conclusions from the data now at hand. It is possible that the recent decline may be a reflex of the epidemiological characteristics of the disease and that only a part of it may be due to the surgical and hygienic treatment of the focal infections.

In any case, the facts at hand give much reason for continuing the education of the public as to the danger of focal infections and the necessity for early removal of infected tonsils and give justification to the work that is being done for mouth hygiene.

HOOVER ON CHILD FEEDING.

I believe that the definite institution of supplementary child-feeding in public schools in certain places is a necessary part of municipal endeavor. Coupled also with this, I am a firm believer in clinical examination and reports to parents as a definite part of school work.

Some may object that this extension of medical supervision by community nurses, clinical inspection of children in the schools, a supplemental meal in schools of certain sections, all tend to an extension of too intimate government.

In the very creation of free schools and compulsory education itself we have accepted the fact that we cannot as a nation rely for the upbuilding of the race upon the initiative of the parents alone. No one can deny that the physical development of child life is of equal importance with education.—Herbert Hoover.

FRUITS.

It is rarely necessary to urge Americans to eat fruit; they too often err in taking too much. It is not uncommon in this country for people to eat fruit at any time during the day or evening. The benefits from eating fruits are undoubted; they act upon the digestive organs somewhat like the green vegetables, but they have other advantages from the acids contained, and also because they appeal to the esthetic sense. The eating of fruit before breakfast is unobjectionable in most instances. Fruit may also properly form a part of the luncheon and dessert, but it should not be eaten between meals. The harm in eating fruit may lie in its excessive use, or in eating that which is unsound or unripe.—Exchange.

In All Things Moderation!

FIRST AID TO THE INJURED

HOME CARE OF THE SICK.

Contagious Disease.

Sickness is never a welcome guest. Sickness of a contagious nature is doubly unwelcome and unfortunate because of its ability to spread from person to person and its consequent greatly increased capacity for damage.

Very wisely, therefore, has the city of Milwaukee provided a contagious disease hospital. This hospital is by all means the best place for those afflicted with contagious disease. Unfortunately, it is not always possible to house all cases of contagious disease at this hospital, and it becomes necessary at times that communicable disease must be cared for in the home.

For the purpose of protecting the home in which contagious disease must be handled, we are herewith bringing some simple directions on the management of the patient and the sickroom, which, if carried out, will go a long way in protecting other members of the home from becoming infected.

Care of Patient's Room.

Select a large room, preferably one with separate entrance from the outside and having plenty of sunlight and air.

Have all windows well screened during the fly season of the year.

Remove all carpets, rugs, curtains, pictures and upholstered furniture—in other words—have the room as plain and bare as possible.

A plain, white enameled bed is best. The bed sheet should be held in place by safety pins. The top sheet should be turned over the blanket or comforter for about 10 or 12 inches and fastened by means of safety pins.

The following articles should be provided for the patient's room:

- a. 1 or 2 plain (kitchen) tables.
- b. 2 plain wooden chairs.

- c. 2 wash basins.

- d. An ample supply of boiled water.

- e. A large slop pail with a cover containing an antiseptic prescribed by the physician.

- f. Muslin or cheese cloth napkins (about 8 or 10 inches square) on which will be taken up the discharges from nose, throat, eyes or suppurating glands. These should be burned after they have been used. (Cheese cloth can be bought at about 5 or 6 cents a yard. Boiling, washing soda, will sterilize and soften the material.)

The Rules for the Patient and Attendant.

The patient should be taught to use a napkin when coughing, sneezing and expectorating. Paper napkins may be used for the sputum. These should be folded up in paper bags and then burned. They can be bought at any drug or department store.

In the case of typhoid, the discharges from the bowels and the urine should be emptied into the slop jar and a quantity of water equal to twice the amount of the discharge should be added at once and fecal lumps broken up and thoroughly mixed. One part of bleaching powder should then be added for every eight parts of the watery mixture. The receptacle with its contents should be covered to keep out flies, and should stand for at least one hour, and then emptied into the water closet. Buy bleaching powder at the drug store.

After pans and other vessels which have received such discharges have been emptied they should be disinfected by means of a proper antiseptic solution, such as tri-kresol, 2 oz. to 1 qt. of water. The hands of the attendant should be at once cleansed and disinfected.

The outer garments of the patient should be fully exposed to the sunlight and air for several hours and afterward thoroughly brushed. All other clothing, all bed linen, pillow cases, napkins, towels and similar articles should be soaked in a suitable antiseptic solution for at least one hour, and should then be boiled for at least five minutes in a soap sud solution, and laundered as usual.

Dishes, knives, forks, spoons, etc., used by the patient should be used by him alone, and after use should be boiled for five minutes in soap suds or washed in a suitable antiseptic solution, then in hot soap suds and finally rinsed in water.

Only such food as is permitted by the physician should be given to the patient. Remnants of food from the sick room should, under no circumstances be used for food by others nor should they be thrown into the garbage can. They should be burned or disinfected with a suitable disinfectant. (Be sure: that food disinfected with carbolic acid or other poisonous disinfectant is promptly disposed of.)

Mouth, nose and discharging eyes and ears should be carefully kept clean by the use of a proper antiseptic wash prescribed by the attending physician.

After recovery, the patient should receive a complete bath with a shampoo of the hair, and then be dressed in clean clothing, preferably in an adjoining room.

Under no circumstances should milk bottles or vessels containing milk, except such as are to be used by the patient, and the patient alone, be brought into the sick room.

No one but the attending physician and the nurse should enter the room with the patient during the isolation period.

Door knobs, bed, woodwork and floors should be daily wiped with a cloth which has been wrung out in a 1:1000 solution of bi-chloride of

mercury. In case any object in the room becomes accidentally contaminated by any discharge from the patient, it should immediately be wiped up with a cloth saturated with a disinfectant solution.

The nurse or attendant should keep her hair covered with a cap and wear a special gown over her dress. The cap and gown should be discarded before leaving the room. A similar cap and gown should be provided for the attending physician.

The bath water used in bathing the patient should be disinfected in the same manner as the bowel discharges and urine of the patient before being thrown into the sewer.

THE ATTENDANT MUST BE PARTICULARLY CAREFUL TO WASH AND DISINFECT THE HANDS each time after performing any service for the patient or when the patient's bed or bed linen or clothing has been touched by the attendant.

The thermometer used by the attendant for the patient should be kept constantly in a disinfectant solution when not in use, and then carefully washed each time before being used by the patient.

The attendant must exercise particular and especial care in going to the ice chest or to any place where food supplies are kept.

When leaving the house or case, the nurse or attendant shall be disinfected by bath and shampoo and by a complete change of garments.

Toys and books should not be given to the patient unless they can be destroyed with the recovery of the patient.

Provided that the patient is not exposed to draft, the room should be thoroughly and daily ventilated. A moderate temperature of the room will add much to the comfort of the patient.

Keep flies out of the room and destroy all those that may have gotten in.

Milwaukee Health Department.

SERVICE DIRECTORY.

Sixth floor City Hall:

Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.
Venereal Disease Bureau.

Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:

Tuberculosis Division.
Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.
Telephone Broadway 3715.

Saturday afternoons and Sundays, Closed.
Except Contagious Disease Division.
Telephone Broadway 3723.

CLINICS.

TUBERCULOSIS.

EIGHTH FLOOR, CITY HALL:

Every afternoon, from 1:30 to 4:00 o'clock for adults, with the exception of Saturday.

Thursday evenings, from 7:00 to 9:00 o'clock for adults.

Saturday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE DISPENSARY, MARQUETTE MEDICAL SCHOOL, 4th St. and Reservoir Ave.

Wednesday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE STATION, 2920 North Ave.

Friday mornings from 9:00 to 12:00 o'clock.

SOUTH SIDE STATION, 670—6th Ave

Thursday mornings from 9:00 to 12:00 o'clock.

Saturday mornings from 9:00 to 12:00 o'clock for children.

Thursday evenings from 7:00 to 9:00 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE.

Sixteenth Ave. School, cor. Mineral St.—Tuesday 9:30 to 10:30 A. M.

Hanover St. School, near Mitchell St.—Friday, 2:00 to 3:00 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 3:00 to 4:00 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday 2:00 to 3:00 P. M.

Weil St. School, cor. Lee St.—Thursday, 2:00 to 3:00 P. M.

St. Hedwig's School, Brady and Franklin—Friday, 3:00 to 4:00 P. M.

Public Library, Club Room, 814 Grand Ave.—Thursday 9:30 to 11:00 A. M.

Detroit St. School, cor. Jackson St.—Monday, 9:00 to 11:00 A. M., Tuesday, 2:00 to 3:00 P. M.

Abraham Lincoln House, Sherman and 9th—Wednesday, 2:00 to 3:00 P. M.

North Ave. Station, 2920 North Ave.—Wednesday, 2:00 to 4:00 P. M., Thursday, 10:00 to 11:00 A. M.

Grant St. School, Corner Twenty-fourth Ave.—Tuesday, 9:30 to 11:30 A. M.

South Side Station, Sixth and Mitchell, Friday 2:00 to 4:00 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone Orchard 3590. Visiting Hours 2:30 to 4 P. M.
Tuesday, Thursday and Sunday.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital.

South Side Contagious Disease Hospital.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.

Union Pharmacy, 1120 Walnut St.
Wright Drug Co., 328 Grove St.

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Bulletin

of the Milwaukee

Health Department

THE DEPT. OF THE
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SCHOOL OF HEALTH AND SANITARY SCIENCE

GEORGE C. RUHLAND, M. D., Commissioner of Health, Director

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No. 6

HAY FEVER

GEORGE C. RUHLAND, M. D., Commissioner of Health

Each year from early May until the advent of frost, sees the renewal of suffering of a considerable number of people who are known as hay fever victims. Excluding such cases as are purely neurotic, the condition known as hay fever is caused by the pollen of certain plants in susceptible individuals.

It is essentially the wind-blown pollens that are responsible. It is by no means, however, merely the pollens of grasses that are the offending ones, as the term "hay fever" might indicate. It is true that the pollens of grasses figure very conspicuously among the offending pollens. However, the pollens from various shrubs, flowers, and trees have been found to give rise to the distressing symptoms of hay fever. Among these is the pollen of roses. So much, in fact, does this pollen figure in the production of hay fever, that frequently the condition is referred to by the term of "rose cold." The pollens of rag weed and of golden rod are also notorious offenders. The pollen of trees, as the butternut, box elder, maple, oak, pines, may each find their susceptible victims.

The extent and severity of hay fever naturally will depend in part upon the early or late pollinization of plants and the presence or absence of rain. During a dry season, the

pollens remaining in the air longer, the period of hay fever will be correspondingly long; conversely, with rainfalls that will carry to the ground the air-suspended pollens, the attack will be shortened.

Depending upon whether the pollen is carried into the mucous membranes of the eye, there will be swelling and lachrymation of the eye, or if the pollen lodges upon the mucous membranes of the nose, this in turn will be swollen and irritated with symptoms of sneezing and secretion; or again as the pollen lodges in the mucous membranes of the bronchial tubes, these will swell, and together with the constriction of the fine muscle tissues in the walls of the bronchial tubes, will there develop difficulty in breathing, or the condition known as asthma.

By introducing the pollen into the abraded skin surface, local reactions expressed in redness and irritation may be elicited. It is by means of such application that one can determine the peculiar susceptibility of individuals to the various pollens, for not all pollens prove equally irritating to all individuals. As a matter of fact, fortunately, the majority of us are immune to these pollens. The better understanding which we now have with regard to the peculiar susceptibility of individuals to plant pollens and the foreign protein which

they contain, enables us fortunately to protect hay fever sufferers against the occurrence of these attacks. As already stated, it is possible by skin reaction to determine the particular susceptibility that may exist in an individual against the various pollens, and it is also, fortunately, equally possible to immunize the individual against the toxic effects of the pollens.

Needless to say, the hay fever sufferer also can escape from the very distressing attack of the fever by taking up his residence temporarily

in localities where the particular pollens to which he is susceptible, are not present. The open country naturally abounds much more in pollens than does the city. Isolation within the city may be a means of escaping attacks, provided the individual wants to forego the pleasure of an outing in the country. In some instances, deformities of the nasal passages seem to act as a predisposing factor. Where such conditions exist, they should, of course, be dealt with by a competent specialist.

THE MORTALITY FROM HEAT AND SUNSTROKE

DR. LOUIS DUBLIN, Metropolitan Life Ins. Bulletin

The greatest variations occur from year to year in the number of cases and deaths from heat prostration and sunstroke. Their occurrence is dependent, obviously, upon conditions of atmospheric heat and humidity. When the summer months of any year are featured by frequent and protracted periods of high temperature, there result relatively large numbers of both fatal and non-fatal heat strokes.

How great are the variations in the death rate from this cause in various years will be news to the average person. Few realize that fatal heat prostrations could be $3\frac{1}{2}$ times as numerous in one year as in another. Yet this is precisely what has happened among the industrial policy-holders of the Metropolitan Life Insurance Company during the period 1911 to 1922. In 1911, 6.7 policy holders per 100,000 died from the effects of heat; while in the year 1920, only .2 per 100,000 died from this cause. For the United States Registration Area, rates are available for a period of 21 years (1900 to 1920 inclusive). Here there is even a larger margin between the maximum heat fatality rate, which was 12.8 per 100,000 in 1901, and the minimum, which was .3 in 1920. There were about 43 times as many

deaths from heat and sunstroke per 100,000 population in the maximum as in the minimum year. For no other single cause has there been as marked variation in the death rate during the past two decades as for heat and sunstroke.

Heat fatalities register a much higher death rate among males than among females. This is inevitable because men are engaged in occupations which subject them more often to the hazards of heat. Colored persons have a higher death rate than whites and this cannot be ascribed to the fact that colored people are relatively more numerous in the South. Experience has shown that even in the Southern States, the heat prostration death rate of colored persons exceeds that for whites.

The fact is that the highest death rates from the effects of heat are not found, as might be supposed, in the Southern States. North and South Carolina, for example, show, year after year, very low death rates from this cause, and the figures for Kentucky, Tennessee and Virginia are well below the average for the Registration Area. The lowest rates usually prevail in the Mountain States, particularly in Colorado and Montana; in Washington on the Pacific Coast, and in Maine and Ver-

mont of the New England States. The states which in most years show above-average rates are Michigan, Wisconsin, Indiana and Ohio in the East North Central region, particularly the first two; all of the Middle Atlantic States, New York, New Jersey and Pennsylvania; Connecticut and Rhode Island in New England; Maryland in the South Atlantic region and Missouri in the West North Central section.

Comparison of the figures year after year shows clearly that the death rate from this cause is very much higher in the cities than in the rural districts. This is unquestionably due to the environmental conditions that obtain for city workers and city dwellers as well as their

lower resistance. Those engaged in agricultural pursuits are notably less subject to the effects of heat.

Mortality from this cause has a very decided age incidence. Infants are particularly susceptible and elderly people are even more so. Almost one-half of the deaths from heat and sunstroke are those of persons over fifty years of age. It is obvious that during the heated season nothing should be left undone to protect infants from exposure and to give all possible attention to their diet. Older persons should guard as much as possible, not only against exposure to high temperatures, but against over-activity during the summer months.—

RATIONAL DIET IN SUMMER

The maintenance of health and comfort during the various seasons of the year to no small extent depends upon an intelligent and rational selection of food.

The ingenuity of man has brought about many refinements in the production and preparation of foods, some of which undoubtedly are of advantage and others in turn are not. We have touched upon this subject in a previous article published in this bulletin, and shall, therefore, not concern ourselves with that phase of the question here. We do wish to emphasize, however, in connection with the subject under discussion, the advisability of following the suggestions of nature in utilizing the food supply which nature provides during the various seasons.

Food, obviously, is to subserve the building up of the body and the repair of the broken down tissues, and also to maintain body heat. It is with regard to the latter that we must recognize that various types of food have a greater capacity for producing body heat. Manifestly, during a period of the season when the sun's rays supply a great deal of heat, there is less need for the body

to elaborate heat. It is a reasonable and rational consideration, therefore, to reduce such foods as will produce a great deal of heat, during the summer. Such foods include especially the fats proteins, such as meat and sugars. We will do better, therefore, during the summer if we take less of fats, meats and sugars.

Diet for the summer, therefore, will not only be less in quantity but will particularly avoid the heat producing foods above referred to. Vegetables in abundance during the summer form a reasonable substitute for the more concentrated foods which we partake of during the winter. Salads, fruits and beverages, either plain pure water, or water to which various fruit juices have been added, are most excellent for this purpose. Needless to say, milk will always maintain its position as a food par excellence both for young and old.

Choosing one's dietary in this manner, together with lighter clothing, frequent bathing and regular elimination of waste products, will go far to maintain health and comfort during the hot days of summer.

DO THE INFECTIOUS DISEASES ELIMINATE THE UNFIT?

There is a popular belief that the infectious diseases, especially those of infancy and childhood, kill off the weaklings and thus in the long run improve the race by the elimination of the less fit. This is not only a popular and wide-spread belief; it has received the sanction and support of some eminent men. Even Herbert Spencer, the philosopher of modern science, held that the medical profession by protecting infancy and childhood against the ravages of such diseases as measles, scarlet fever, and diphtheria, was accumulating large numbers of the unfit to the detriment of future generations. This is a matter which deserves scientific inquiry.

When the commission appointed to study typhoid fever in our army camps in 1898 began its study, the men composing it believed that they would find that the soldiers under par in health and generally less vigorous would acquire the disease more readily than the robust, and that the death rate among the former would be higher than among the latter. For the purpose of gathering statistics to uphold this preconceived idea, the members of the commission made a detailed study of the history of nearly five thousand men who had typhoid fever in the camps at that time. The commission expected that their figures would show typhoid fever more common and more fatal among the less robust and less vigorous. After making their studies and assembling their figures, they found that the results were just the opposite. In the first place, typhoid fever was more prevalent among the strong and vigorous than among those less robust. This was easily understood when it was recognized that the men more vigorous and robust, never on sick report, were those who were sent on all kinds of special duties. They were the men who served as scouts, who made forced

marches, who patrolled exposed areas. In other words, they were the ones whose range of activities was the widest and consequently were more frequently exposed to infection. They drank water from all sources. They obtained milk and possibly other food from clean and from unclean homes, while the less robust were detained in camp on light diet and were drinking only sterilized water and eating only well cooked food. It has long been known that typhoid is more prevalent among the men than among women, and more prevalent among young adult men than either among children or men in mature life. It is now known that this greater frequency of typhoid fever among adults is due to the wider range of activity at that time of life and more frequent exposure to infection. However, what most surprised the commission on typhoid was the finding that of those who had typhoid fever the more robust and more vigorous were more liable to die. In other words, they showed the highest death rate. On looking back over the history of other diseases it was found that this holds good in many epidemics. In the epidemics of typhus fever in Ireland two centuries ago, of every twenty-three of the poor underfed natives who developed typhus fever one died, while among the doctors, priests, and nurses, who were better fed and more robust, one of every three who contracted the disease died from it. An English writer of that time, observing an epidemic of typhus fever in his neighborhood, says that it went through a flock of sheep, picking out the healthiest and the lustiest. When Pasteur began to apply his vaccines in the prevention of anthrax among the cattle and sheep of France, close tab was kept on the progress of this disease among the flocks, and it is a matter of record that this disease killed off the strong

and vigorous animals in larger proportion than it did less perfect. In other words, statistics positively show that epidemic diseases, like war, kill in greater numbers those physically most fit. When a strong young man becomes infected with a virulent microbe the body cells enter vigorously into the contest and the patient recovers quickly or dies speedily because nature overdoes its work. The invading bacteria are destroyed too rapidly and the poisons resulting from their destruction

overwhelm the body.

The careless consumptive deposits his bacteria-laden sputum on the sidewalk, where it dries and is scattered through the air. The passer-by at the opportune moment is liable to become infected whether he is fit or unfit to live. The milkman distributes milk containing the micro-organism of scarlet fever or typhoid fever. Will only the unfit among the family to which the food is distributed acquire the disease?

V. C. V.—Hygeia.

FURTHER FACTS ON BODY WEIGHT

By DR. L. I. DUBLIN, Statistician Metropolitan Life Insurance Co.

In the Statistical Bulletin for November, 1922, we referred in general terms to the life insurance mortality experience on risks who are under or over the average weight for height and age. In the present note, we shall consider the question of **optimum weight**, that is, that weight in relation to height and age with which the most favorable mortality experience is associated.

A distinction must first be made between the optimum weight and the average weight. In the past, the average has often been assumed to be the best weight and tables of averages have been very widely circulated and used as guides by physicians, nutrition and clinic workers and others concerned with the health of children and adults. In this way, there sprung up the general assumption that deviation from the average weight was undesirable and indicated trouble. Children who were as little as 10 per cent below the average have been considered malnourished and adults who were 20 per cent or more above or below the average have been looked upon as impaired more or less seriously. We now know that such assumption about the normality of the average weight are erroneous. In fact, it can be shown that the most favor-

able mortality experience is often found among risks whose weights are considerably below or above the averages for their height and age.

At ages under 30 years, the lowest mortality rates among insured persons are found in risks whose weights are above average. An excess of about 10 pounds in weight above the average produces the most favorable mortality rates between the ages of 20 and 24 years. This excess tapers off until about age 30, where the most favorable mortality is found among persons of approximately average weight. After age 30, the more favorable mortality rates are found among persons whose weights are below average. The amount below average increases with advancing age and at age 50, individuals appear to be at their best when their weight is as much as 30 to 40 pounds below the average.

It seems clear, therefore, that for persons beyond 30, underweight is distinctly an advantage so far as a favorable prospect of mortality is concerned. It is erroneous to suppose that weights should increase with age, as we have been led to believe by the tables for average weights. This increase with advancing age is, of course, a very common occurrence, but there is every indica-

tion that it is a disadvantage and should be carefully avoided. The public health movement in its attack upon the diseases of adult and later life will do well to bear this fact in mind.

The body-weight of persons in adult and later life gives a fair indication of the amount of work which is thrown upon the digestive, circulatory and excretory systems. As men grow older, the difficulties of normal functioning of these systems increase with the accumulation of impairments. At the same time, persons as they advance in age seem to grow more inclined to take in more food, especially proteins and fats, and less inclined to indulge in wholesome exercise. This has a tendency to place more and more of a strain upon the food utilization machinery and con-

sequently, to hasten the break-down of the organs concerned in the processes. A realization of these facts on the part of the public would lead, no doubt, to marked changes in habits of diet and exercise and to an amelioration of conditions which today lead to so much mortality from diseases of the heart, blood vessels and kidneys. There is abundant clinical evidence to prove that through the restriction of diet and the encouragement of exercise in adults the conditions premonitory of organic impairment and eventual break-down of the circulatory and excretory systems have been averted. These facts from life insurance records only tend to reinforce what hygienists have been advocating for years.

PUBLIC COMFORT STATIONS

The Legislature of 1921 stipulated that the state, county, city, village or town, maintaining places of public assemblages or camp sites, should also provide and maintain a sufficient number of suitable and adequate comfort stations for both sexes, and that there might be established rest rooms separate or in connection with these comfort stations.

The provision of this law affect approximately 463 municipalities, according to Mr. Frank R. King, State Plumbing and Domestic Sanitary Engineer. So far about 27 per cent of these communities have complied with the requirements of the law in at least providing some of the facilities required.

The adequacy of the provision, is however, another matter. Taking the city of Milwaukee—a community of a half a million—for example, we find that outside of the facilities in the City Hall, and the Public Library and Museum Building, there are no public comfort stations within the entire down town district. One sta-

tion, at 6th street and the Viaduct, has been completed so far. One is under construction at 29th and Cedar and is to be completed by August 1. Two others have been authorized, one at the Grand Ave. bridge, and the other at North Ave. and Kenilworth.

This does not, of course, include the comfort stations in the public parks, where quite adequate facilities are provided by the Park Board.

It does not require any particular argument to prove the inadequacy of these facilities. It is high time that American cities wake up with regard to their responsibility in this direction. To the citizen, as well as surely to the stranger who comes to our city, this lack of facility must prove extremely embarrassing. The movement for neighborhood parks and smaller public squares is an excellent one, and one that could easily be utilized to provide also this very necessary service of establishing additional public comfort stations.

FIRST AID TO THE INJURED

SUNBURNS

Among the accidents of summer may be classified sunburns. Sunburns are the result of prolonged exposure of skin surface to the sun's rays. Sunburns may represent various degrees of burns, from the usual slight redness of the skin to definite and extensive blister formation. Reddening of the skin is the most usual type and is accompanied by intense burning and sensation of heat. The discomfort may be sufficient, especially where extensive parts of the body surface are involved, to deprive the victim of sleep, interfere with his nutrition, and induce rise in temperature.

Obviously, in the preventing of sunburn, avoid prolonged exposure of

the unprotected skin to the sun's rays. When sunburn has occurred, the situation may be relieved by the application of cold water, or by the application of a mixture made as follows:

To a half pint of hot water add a level teaspoonful of boric acid crystals. Stir until dissolved, then add to this twenty drops of carbolie acid. This solution should be carefully applied by means of cotton or a spray apparatus to the affected skin. Under no circumstances, however, should friction be applied to the skin. Where blistering has occurred, the management of the case calls for the attention of a physician.

PRICKLY HEAT

One of the common, though minor mishaps of summer, is the development of prickly heat. Though ordinarily not a serious condition, prickly heat, nevertheless, can add much to the discomfort of its victims and become a more serious matter, especially with infants. Infants and fat people are most frequent among the sufferers from prickly heat.

The condition is caused by an inflammatory obstruction of the ducts of the sweat glands, resulting in a finely punctuated red rash of the skin. This is accompanied by more or less intense itching and burning of the skin, which may induce the unfortunate victim to scratch the affected area, with resulting secondary skin infections.

The best way to avoid the development of prickly heat is by avoiding as much as possible overheating of the body. Lighter clothing, the substitution of silk underwear, where

that is possible, and certainly the frequent use of the bath, will go a long way in preventing the occurrence of prickly heat. Especially in infants should care be taken that the tissue folds at the groin are kept clean and are freely dusted with a good dusting powder, such as rice flour, stearate of zinc, powdered boric acid and starch, or any other good talcum powder.

Needless to say, the proper adjustment of diet to the weather conditions is also an important factor in preventing the development of prickly heat. Less food and less heat producing food, the avoidance of acids, should here find consideration. Extreme cases of prickly heat, especially in infants, may require the special attention of a physician, since the condition may quickly interfere with the child's ability to take food and in that way undermine its health,

Milwaukee Health Department.

SERVICE DIRECTORY.

Sixth floor City Hall:
Executive or General Offices.
Child Welfare Division.
Vital Statistics Division.
Sanitary Inspection Division.
Food Inspection Division.
Venereal Disease Bureau.

Communicable Disease Division.
Medical School Inspection Division.
Bacteriological Laboratory.
Chemical Laboratory.

Eighth Floor:
Tuberculosis Division.
Nursing Division.

OFFICE HOURS.

8 A. M. to 12 M. 1:30 P. M. to 5 P. M.

Telephone Broadway 3715.

Saturday afternoons and Sundays, Closed. Except Contagious Disease Division.

Telephone Broadway 3723.

CLINICS.

TUBERCULOSIS.

EIGHTH FLOOR, CITY HALL:

Every afternoon, from 1:30 to 4:00 o'clock for adults, with the exception of Saturday.

Thursday evenings, from 7:00 to 9:00 o'clock for adults.

Saturday mornings, from 9:00 to 12:00 o'clock.

MARQUETTE DISPENSARY, TRINITY HOSPITAL, 9th and Wells Sts.

Wednesday mornings, from 9:00 to 12:00 o'clock.

NORTH SIDE STATION, 2920 North Ave.

Friday mornings from 9:00 to 12:00 o'clock.

SOUTH SIDE STATION, 670—6th Ave

Thursday mornings from 9:00 to 12:00 o'clock.

Saturday mornings from 9:00 to 12:00 o'clock for children.

Thursday evenings from 7:00 to 9:00 o'clock.

Services at these clinics are rendered without charge and any resident of Milwaukee may visit these clinics and consult with the physicians in charge.

CHILD WELFARE.

Sixteenth Ave. School, cor. Mineral St.—Tuesday 9:30 to 10:30 A. M.

Hanover St. School, near Mitchell St.—Friday, 2:00 to 3:00 P. M.

Dover St. School, near Kinnickinnic Ave.—Tuesday, 3:00 to 4:00 P. M.

Fifth Ave. School, near Hayes Ave.—Friday, 9:30 to 10:30 A. M.

Forest Home Ave. School, cor. Tenth Ave.—Wednesday, 9:30 to 10:30 A. M.

Hopkins St. School, cor. Fifteenth St.—Monday 2:00 to 3:00 P. M.

Weil St. School, cor Lee St.—Thursday, 2:00 to 3:00 P. M.

St. Hedwig's School, Brady and Franklin—Friday, 3:00 to 4:00 P. M.

Public Library, Club Room, 814 Grand Ave.—Thursday 9:30 to 11:00 A. M.

Detroit St. School, cor. Jackson St.—Monday, 9:00 to 11:00 A. M.

Abraham Lincoln House, Sherman and 9th—Wednesday, 2:00 to 3:00 P. M.

North Ave. Station, 2920 North Ave.—Wednesday, 2:00 to 4:00 P. M., Thursday, 10:00 to 11:00 A. M.

Grant St. School, Corner Twenyt-fourth Ave.—Thursday, 9:30 to 11:30 A. M.

South Side Station, Sixth and Mitchell, Friday 2:00 to 4:00 P. M.

Cass St. School, Corner Kewaunee St.—Tuesday, 2:00 to 4:00 P. M.

HOSPITALS.

SOUTH VIEW HOSPITAL.

Telephone Orchard 3590. Visiting Hours 2:30 to 4 P. M.

Tuesday, Thursday and Sunday.

VACCINES, ANTITOXINES.

Free antitoxine for diphtheria and tetanus, small pox vaccine, typhoid bacterine, may be had at the following stations:

Health Department, City Hall.

Emergency Hospital, 320 Sycamore St.

South View Hosp., 18th Ave. and Mitchell

Riverside Pharmacy, 610 Murray.

Seelig & Foote, 328 Grove St.

C. L. Mootz, 608 Mitchell St.

F. J. Piszczek, 1000 1st Ave.

Z. Krawczak, 1092 Midland Ave.

L. G. Mack, 960 Kinnickinnic Ave.

Wm. P. Loppnow, 92 Chambers St.

J. J. Uecke, 901 Burleigh St.

The Mueller Pharmacy, 802 12th St.

Ideal Pharmacy, 27th and Center Sts.

B. F. Leidel, 284 27th St.

Union Pharmacy, 1120 Walnut St.

Otto Schmideleer, 496 Murray Ave.

The department also arranges for medical and material relief for indigent patients through the County Poor Office and private agencies.